



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

**Fiscal Year 2027 Budget Request
Department Request
Program Descriptions**

**Sarah Willson, BSN,MBA, FACHE
Director**

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MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

Mission:

Promote health and safety through prevention, collaboration, education, innovation and response.

Vision:

Optimal health and safety for all Missourians, in all communities, for life.

Our Core Services:

- Foundational public health services, inclusive of:
 - Disease and injury prevention
 - Emergency preparedness and response
 - Food and nutrition services
 - Health, animal and environmental testing
 - Maternal and child health services
- Regulation enforcement and licensure
- Senior and disability support and protection
- Vital records and statistics

Our Values

Excellence

We strive to empower our team members to deliver quality services and exceed the needs of Missourians

Collaboration

We engage and communicate openly with a diverse group of partners to improve health for all Missourians

Access

We deliver services to Missourians in a manner that is sensitive to their unique needs and circumstances while reflecting our rich, diverse community

Integrity

We conduct services with a consistency of character in a highly principled manner by honoring our commitments and maintaining our ethics

Accountability

We embrace responsibility for our work and ensure Missourians view us as a trusted source of information

DHSS STRATEGIC PRIORITIES



Invest in innovation to modernize infrastructure

Public health infrastructure is central to DHSS being able to provide quality services across the State of Missouri. Infrastructure includes initiatives such as foundational public health services, technology and data modernization, health planning, quality improvement, and abilities to strategize for future opportunities and threats to Missourians.



Re-envision and strengthen the workforce

At DHSS, people are central to the quality and quantity of services we provide. A strong and reliable public health, direct provider, healthcare, and support workforce is key to making sure we can fulfill our role as the State Health Authority. This includes finding new solutions to improve efficiency, providing training and development opportunities to DHSS employees, instilling a sense of belonging to DHSS team members, and much more.



Build and strengthen partnerships

Partnerships are essential for DHSS to deliver services to Missourians. From working with other governmental agencies to local community organizations, DHSS is committed to building and strengthening relationships across sectors, professions, and communities to further our goals and support our mission.



Use clear and concise communication to educate and build trust

Communication is the foundation for how we educate Missourians about health and make sure our services are reaching those in need. Focusing on understanding how we communicate, build trust and maximize our impact is essential to a healthier Missouri.



Expand access to services

Understanding Missourians' health needs and priorities greatly influences the way we provide services across the State of Missouri. By studying how and where we provide services, we can better understand program gaps, demographic changes and more.



Plan for the impact of the aging population

As the population of Missouri continues to age, DHSS will pay special attention to establishing new and adapting existing services to best serve this growing demographic across the State of Missouri.



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**



MISSOURI DEPARTMENT OF **HEALTH & SENIOR SERVICES**

WE PROMOTE HEALTH AND SAFETY THROUGH PREVENTION, COLLABORATION, EDUCATION, INNOVATION AND RESPONSE

INVEST IN INNOVATION TO MODERNIZE INFRASTRUCTURE

Develop and implement
a master data system
modernization plan

Provide ample resources
to implement the
foundational public health
services model across
Missouri

RE-ENVISION AND STRENGTHEN THE WORKFORCE

Develop and implement
the DHSS workforce
development plan

BUILD AND STRENGTHEN PARTNERSHIPS

Prepare for and sustain
effective staff engagement
with partners

Support resource sharing
and collaboration between
public health, health care
and direct service providers

USE CLEAR AND CONSISTENT COMMUNICATION TO BUILD TRUST

Examine DHSS
communication channels
through a citizen journey
lens to understand
and meet the needs of
Missourians

Empower people with
public health data that is
contextual, transparent,
relevant and tailored

Develop and implement
resources for programs to
align with DHSS standards
and amplify messaging
through partners

EXPAND ACCESS TO SERVICES

Maximize funding
resources to support and
sustain programs

Develop and implement
an access plan to address
unmet needs throughout
Missouri

Establish a community
voices partnership

Strengthen the public
health, health care and
direct service workforce

CROSSCUTTING PRIORITY: PLAN FOR THE INCREASE IN THE AGING POPULATION

Promote opportunities to remain or re-engage in the
workforce their communities through volunteerism

Assess and expand programs and services, and
engage partners for support

Design and implement a “No Wrong Door” plan

DHSS Auditor's Report

DHSS DIVISION	DHSS PROGRAM	REPORT TYPE	DATE ISSUED	WEBSITE
N/A; DHSS-Wide	N/A; DHSS-Wide	State Auditor	July 2022	https://auditor.mo.gov/AuditReport/ViewReport?report=2023030
N/A; DHSS-Wide	N/A; DHSS-Wide	State Auditor	July 2023	https://auditor.mo.gov/AuditReport/ViewReport?report=2024063
Division of Community & Public Health	Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP)	State Auditor	June 2025	https://auditor.mo.gov/AuditReport/ViewReport?report=2025032
Division of Community & Public Health	Women, Infants, Children Nutrition Services (WICNS)	Federal	October 2022	No website available. Hard copy available upon request of "USDA WIC FMR 20221018"
Division of Community & Public Health	Bureau of HIV/STD, Hepatitis (HIV/STD)	Federal	October 2022	No website available. Hard copy available upon request of "CDC Site Visit Rpt-HSH_ PS18-0802, PS20-2010_2022-10-21"
Division of Community & Public Health	Bureau of Environmental Health Services (EHS)	Federal	February 2025	No website available. Hard copy available upon request of "MO 8 MFRPS Final Report.pdf"
Division of Senior & Disability Services	Home and Community-Based Services (HCBS)	Federal	February 2023	https://oig.hhs.gov/oas/reports/region7/72003243.asp
Division of Community & Public Health	Bureau of HIV/STD, Hepatitis (HIV/STD)	Federal	June 2023	No website available. Hard copy available upon request of "HRSA EHE Comprehensive Site Visit Report 2023-07-06.pdf"
Division of Community & Public Health	Women, Infants, Children Nutrition Services (WICNS)	Federal	September 2023	No website available. Hard copy available upon request of "2023-MO-WIC-ME0585 Rpt 2023.09.13"
Division of Community & Public Health	Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP)	Federal	August 2023	No website available. Hard copy available upon request of "USDA CACFP, SFSP FMR 20230829"
Division of Community & Public Health	Bureau of Environmental Epidemiology (BEE)	Federal	October 2023	No website available. Hard copy available upon request of "CDC EHC Site Visit Report 2023.pdf"
Division of Community & Public Health	Bureau of HIV/STD, Hepatitis (HIV/STD)	Federal	December 2023	No website available. Hard copy available upon request of "CDC Site Visit Rpt-HSH_2023-12-28.pdf"
Division of Community & Public Health	Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP)	Federal	November 2023	No website available. Hard copy available upon request of "USDA-MO-CACFP-ME0412 Final Report.pdf"
Division of Senior & Disability Services	Home and Community-Based Services (HCBS)	Federal	April 2024	https://oig.hhs.gov/documents/audit/9858/A-07-22-04130.pdf
Division of Community & Public Health	Summer Food Service Program (SFSP)	Federal	August 2025	No website available. Hard copy available upon request of "USDA-MO-SFSP-ME0287 Report.pdf."
Division of Community & Public Health	Bureau of Environmental Epidemiology (BEE)	Federal	December 2024	No website available. Hard copy available upon request of "EPA-MO FY24 EPA Program Review Report.pdf"

Missouri Sunset Act Report

Program	Statutes Establishing	Sunset Date	Review Status
Non-Medicaid Eligible Services	Section 208.930, RSMo	June 30, 2025	Effective 7/11/2019
Zero-Cost Adoption Fund Act	Section 135.315, RSMo	August 28, 2031	Effective 8/28/2025
Title IV of the Higher Education Act of 1965	Section 173.685, RSMo	August 28, 2031	Effective 8/28/2025
Line of Duty Compensation Act	Section 287.243, RSMo	December 31, 2031	Effective 8/28/2025

PROGRAM DESCRIPTION

Health and Senior Services	HB Section(s): <u>10.600</u>																				
DHSS Director's Office																					
Program is found in the following core budget(s): <u>Director's Office</u>																					
1a. What strategic priority does this program address? Invest in innovation to modernize infrastructure, Re-envision and strengthen the workforce, Build and strengthen partnerships, Use clear and concise communication to educate and build trust, Expand access to services 1b. What does this program do? The Office of the Director, which includes the Board of Health and Senior Services, serves as the focal point for leadership and coordination across the Department. The Director articulates and reinforces the Department's vision and goals to the programs within the Department and provides advice and counsel on public health and senior services issues to the Governor and the Legislature. The Director's Office also performs duties such as: • assuring compliance with personnel law; • coordinating press releases and responding to media requests on health information and the Department's social media posts; • working on strategic planning, accreditation, and organizational development issues; • providing counsel on regulatory and licensure actions, pursuing guardianships for eligible adults, and providing legal assistance to all Departmental Divisions; and • overseeing the Employee Disqualification List (EDL) program that manages all aspects of the statutorily mandated EDL process, including complaint investigations indicating possible abuse, neglect, misappropriation of funds or property, or falsification of service delivery documents by employees.																					
2a. Provide an activity measure(s) for the program. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Services Provided by the Director's Office in Support of Programmatic Functions</th> </tr> </thead> <tbody> <tr> <td>Constituent Requests (email)</td> <td>5,676</td> <td>Media Requests</td> <td>737</td> </tr> <tr> <td>News Releases</td> <td>61</td> <td>Sunshine Requests</td> <td>737</td> </tr> <tr> <td>Twitter Posts</td> <td>285</td> <td>Guardianships Assigned</td> <td>74</td> </tr> <tr> <td>Facebook and Instagram Posts</td> <td>565</td> <td>EDL Checks</td> <td>641,920</td> </tr> </tbody> </table>		Services Provided by the Director's Office in Support of Programmatic Functions				Constituent Requests (email)	5,676	Media Requests	737	News Releases	61	Sunshine Requests	737	Twitter Posts	285	Guardianships Assigned	74	Facebook and Instagram Posts	565	EDL Checks	641,920
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PROGRAM DESCRIPTION

Health and Senior Services

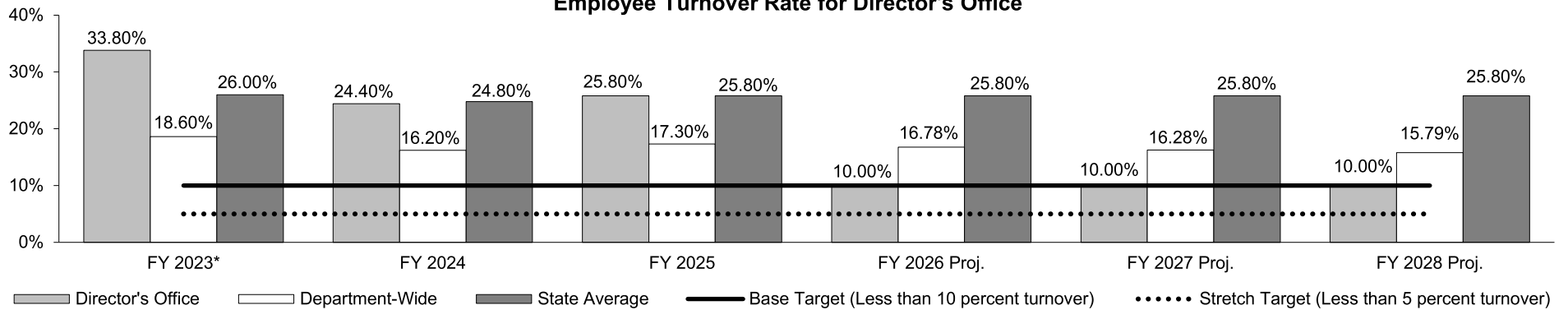
HB Section(s): 10.600

DHSS Director's Office

Program is found in the following core budget(s): Director's Office

2b. Provide a measure(s) of the program's quality.

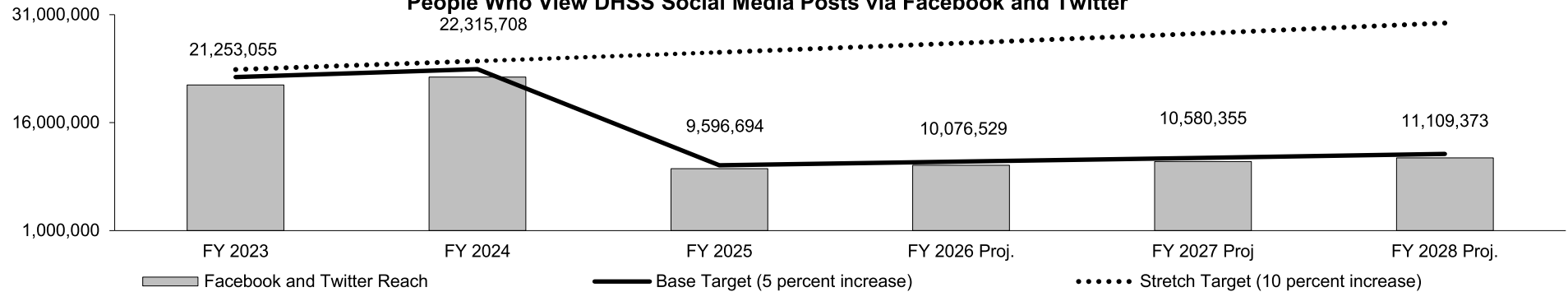
Employee Turnover Rate for Director's Office



*In FY 2023, Human Resources had 5 vacancies.

2c. Provide a measure(s) of the program's impact.

People Who View DHSS Social Media Posts via Facebook and Twitter



PROGRAM DESCRIPTION

Health and Senior Services

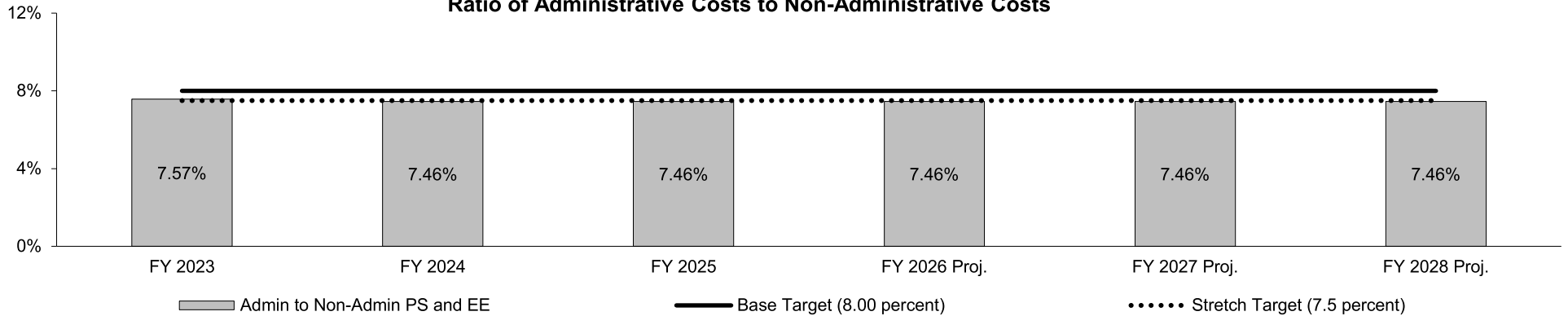
HB Section(s): 10.600

DHSS Director's Office

Program is found in the following core budget(s): Director's Office

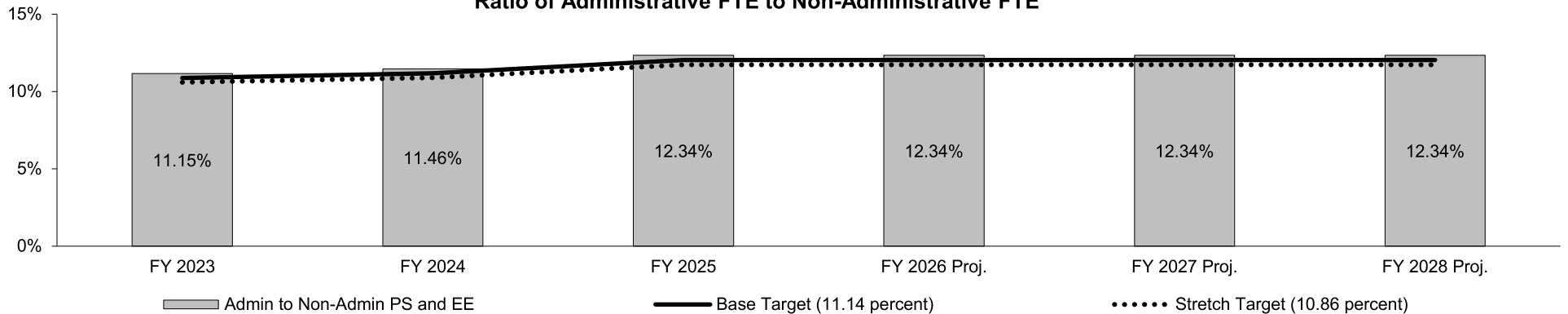
2d. Provide a measure(s) of the program's efficiency.

Ratio of Administrative Costs to Non-Administrative Costs



Administrative Costs include Personal Services (PS) and Expense & Equipment (EE) from Director's Office, Division of Administration, and the administrative staff of the programmatic divisions. Data does not include costs in support of programmatic activities. In FY 2023 DHSS received additional funding and initiatives through the American Rescue Act, however there was no increase in administrative support.

Ratio of Administrative FTE to Non-Administrative FTE



Administrative FTE include staff from Director's Office, Division of Administration, and the administrative staff of the programmatic divisions. Data does not include FTE performing programmatic activities. In FY 2023 The Division of Cannabis Regulation was established within the department creating additional Administrative FTE.

PROGRAM DESCRIPTION

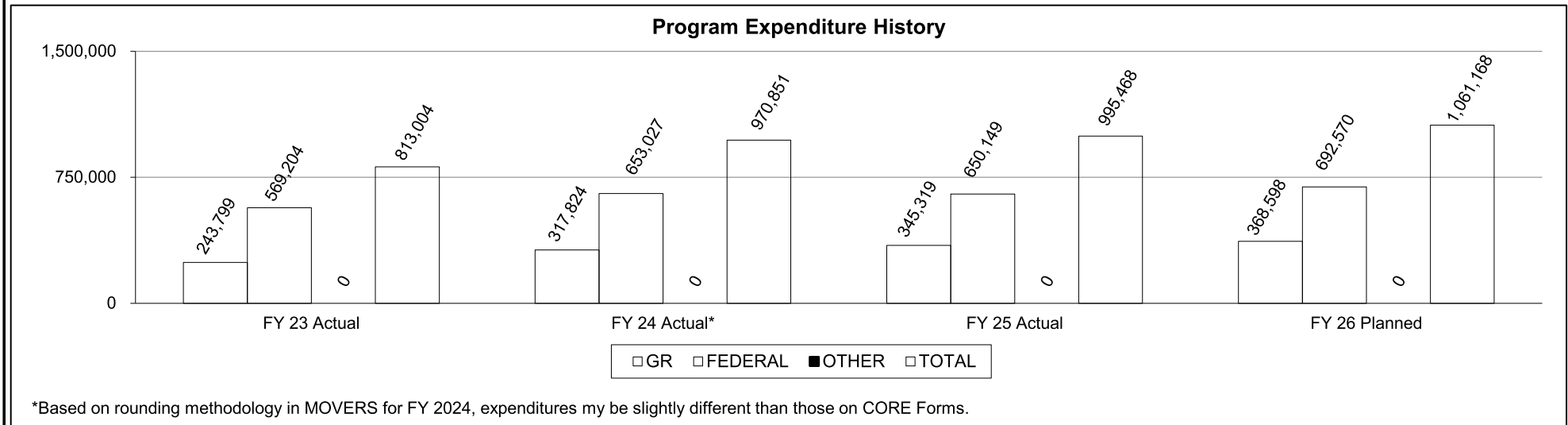
Health and Senior Services

HB Section(s): 10.600

DHSS Director's Office

Program is found in the following core budget(s): Director's Office

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Not applicable.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Section 191.400, RSMo (State Board of Health and Senior Services); Chapter 192, RSMo (department); and Sections 197.500, 198.070, 198.090, 208.912, and 208.915, RSMo (Employee Disqualification List).

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

The EDL program fulfills the requirements of 42.CFR 483.13, 42 CFR 483.156, and 42 CFR 488.335 requiring a state procedure for reporting findings to licensing boards and adding indicators to the Nurse Aid Registry for certified nurses aids who have abused or neglected residents or misappropriated funds or property.

PROGRAM DESCRIPTION

Health and Senior Services	HB Section(s): <u>10.605</u>		
Administration			
Program is found in the following core budget(s): Administration			
1a. What strategic priority does this program address? Build and strengthen partnerships, Use clear and concise communication to educate and build trust, Expand access to services			
1b. What does this program do? The Division of Administration provides administrative and financial support services for the Department of Health and Senior Services (DHSS). The Division assists the programmatic divisions to provide services to Missourians in a cost-effective manner which ensures fiscal accountability for taxpayer dollars. The Division includes: • Budget Services & Analysis prepares the departmental budget submissions and responds to all budget-related inquiries and fiscal note requests from Office of Administration (OA) and the Legislature. • Fiscal Oversight & Reporting processes all grant applications, initiates federal draws related to grants, and prepares federal and state financial reports. • Health Fiscal Services coordinates the Department's purchasing cards, accounts payable, and purchasing functions. • General Services provides warehouse, delivery, and mailroom services, including Department fleet vehicle management. • Human Resources provides personnel functions/employee relations, professional development, and recruitment. • Procurement Services reviews and processes all contracts and procurements. • Compliance Services determines risk assessment, maintain the internal control plan, liaison with the State Auditor's office and other external auditors, provides grants trainings and support and reviews fixed price contracts. • Division Liaison Services provides fiscal support to the programmatic divisions, including: budget development, oversight, inquiry responses and fiscal note support, serve as fixed asset managers, expenditure review, oversight, and projections, monitor and manage department wide costs and budgets, and orders all computer equipment and software. • Workforce Development provides internal trainings and monitors Leadership Development Rule compliance. • Performance Management oversees continuous improvement projects within DHSS. Projects include developing placemat initiatives, maintaining the Department dashboard, and working cross-divisionally on continuous improvement projects with the Department's Lean Six Sigma team.			
2a. Provide an activity measure(s) for the program.			
Services Provided by the Division of Administration in Support of Programmatic Functions			
Payment Documents	45,210	Fiscal Note Responses	907
Purchase Orders and Modifications	12,572	Health Literature Mailed	1,221,216
Grant and Contract Reports	633	Printing Requisitions	750
Contracts and Amendments	2,219	General Services Work Orders	2,514
Audit Reports Reviewed	347	Dental Supplies Shipped	642,822
Staff Development Trainings*	10	General Staff Trained*	995
Supervisory Staff Trained*	372	Lean Six Sigma Projects	3
Strategic Priorities	5	Strategic Objectives	17
Crosscutting Strategic Priorities	1		
* Learning & Development had no Program Manager from July 1, 2024 to October 14, 2024; no trainer from December 2024 to February 2025; installed a new Learning Management System (MOVERS Learn) with reporting errors beginning in July 2024; and built electronic learning paths inside of MOVERS (through LinkedIn Learning), which are not accounted for in these numbers including the New Supervisor Learning Path.			

PROGRAM DESCRIPTION

Health and Senior Services

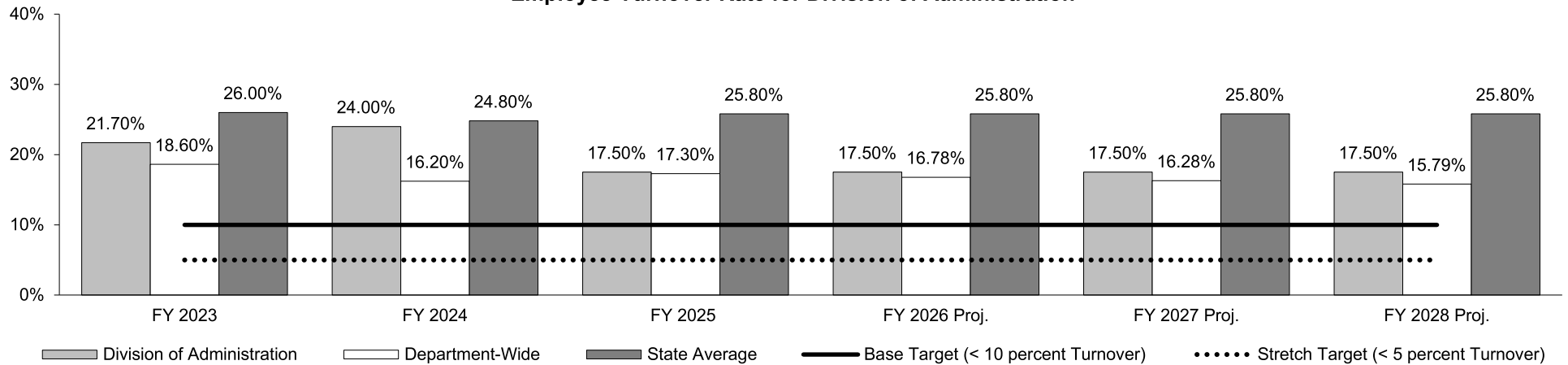
HB Section(s): 10.605

Administration

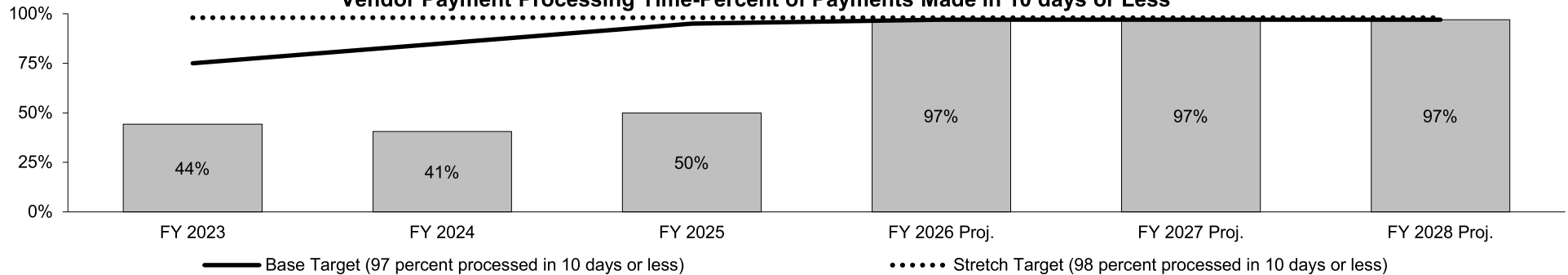
Program is found in the following core budget(s): Administration

2b. Provide a measure(s) of the program's quality.

Employee Turnover Rate for Division of Administration



Vendor Payment Processing Time-Percent of Payments Made in 10 days or Less



*In FY 2022 and FY 2023 Accounts Payable experienced a high turnover rate, over a three month span in FY 2022 and for over six months in FY 2023. Payment time went from 10 days or less to approximately 14 to 21 days. In FY 2024 Bureau of Financial Services experienced an average turnover rate of 31%.

PROGRAM DESCRIPTION

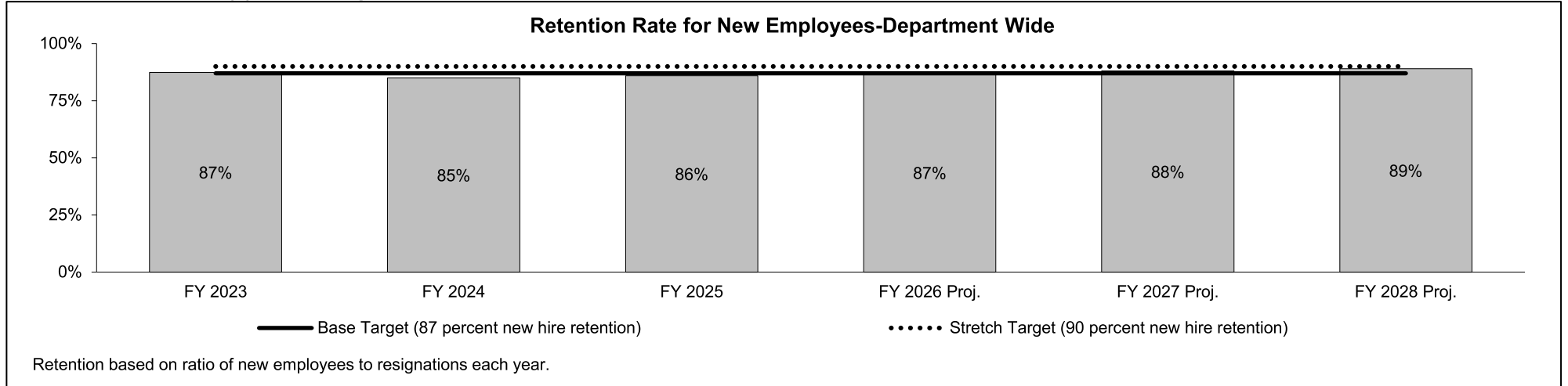
Health and Senior Services

HB Section(s): 10.605

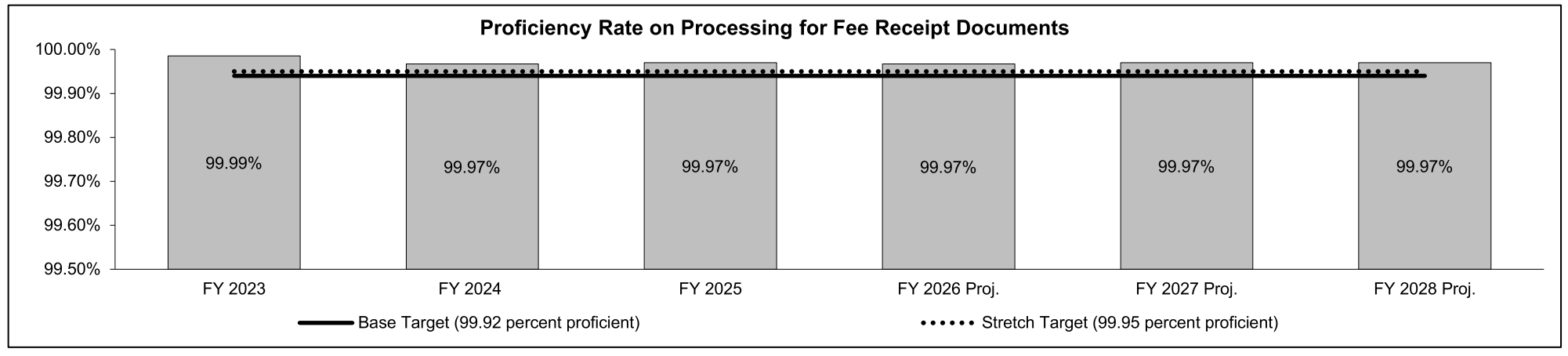
Administration

Program is found in the following core budget(s): Administration

2c. Provide a measure(s) of the program's impact.



2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

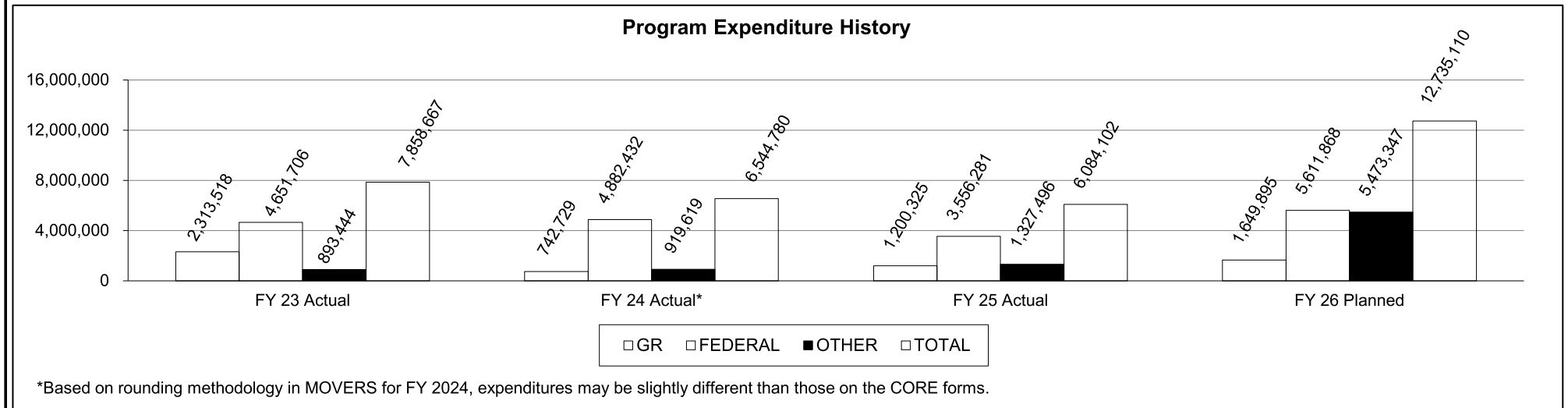
Health and Senior Services

HB Section(s): 10.605

Administration

Program is found in the following core budget(s): Administration

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Nursing Facility Quality of Care (1271), Health Access Incentives (1276), Mammography (1293), Missouri Public Health Services (1298), Professional and Practical Nursing Loans (1565), Veterans Health and Care Fund (1606), Veterans Health Comm Reinvest (1608), Department of Health and Senior Services Document Services (1646), Department of Health and Senior Services-Donated (1658), Children's Trust (1694), Opioid Treatment and Recovery Fund (1705), Putative Father Registry (1780), Organ Donor (1824), and Childhood Lead Testing (1899).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Chapter 33, RSMo. - State Financial Administration, Chapter 34, RSMo. - State Purchasing and Printing, Section 37.450, RSMo. State Vehicle Fleet Manager, 1 CSR 10.3.010 Preapproval of Claims and Accounts, 1 CSR 10.11.010 State of Missouri Travel Regulations, 1 CSR 10.11.030 State of Missouri Vehicular Travel Regulations, 1 CSR 30.4 Facility Maintenance and Operation, 1 CSR 35.2.030.2 Leasing, 2 CFR Chapter 1, Chapter 11 Part 200, et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Cooperative Agreement with OA for payment processing, DHSS Internal Control Plan, Cash Management Improvement of 1990 and 1992 (Funds Accounting), and state and departmental policies and procedures.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.700</u>
Cancer and Chronic Disease Control and Prevention	
Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention	
1a. What strategic priority does this program address?	
Build and strengthen partnerships, Use clear and concise communication to educate and build trust, Expand access to services, and Plan for the impact of the aging population.	
1b. What does this program do?	
The Chronic Disease Control program coordinates initiatives to help Missourians prevent and control chronic diseases through early detection (screening and awareness) and prevention strategies for cancer (especially breast and cervical cancer), cardiovascular disease, diabetes, stroke, and Alzheimer's disease; disease management training; increasing knowledge of signs and symptoms of heart disease and stroke; improving the quality of school health services for managing chronic conditions in the school setting; and providing quality chronic care management. Chronic disease program services include: • Assessing the burden of cancer, heart disease, diabetes, asthma, arthritis, and other chronic diseases; • Raising awareness of chronic disease through education, screening and early detection; • Collaborating with health care providers to increase access to breast cancer, cervical cancer, cardiovascular disease, and diabetes services for eligible women; • Assisting organizations with making referrals to social needs and disease management services for people with chronic disease; • Supporting evidence-based interventions, such as using community health workers to enhance chronic disease self-management and implementing quality improvement initiatives in health care systems to improve chronic disease care; • Leveraging the reach of chronic disease programs through collaborations with stakeholders and partnerships; and • Educating the public about organ and tissue donation and maintaining the Organ and Tissue Donor Registry to increase the number of people who receive life-saving transplants.	

PROGRAM DESCRIPTION

Health and Senior Services				AB Section(s): <u>10.700</u>		
Cancer and Chronic Disease Control and Prevention						
Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention						
2a. Provide an activity measure(s) for the program.						
	FY 2023	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Number of women screened/served for breast and cervical cancer	3,941	3,847	3,898	4,066	4,269	4,483
Number of women screened for heart disease and stroke through the WISEWOMAN program	430	320*	349	351	369	387
Number of women who were referred to or participated in WISEWOMAN health coaching	399	320*	349	351	369	387
Provider Claims Processed	7,670	6,458	7,064**	7,064	7,332	7,332
Donate Life Missouri Registry Enrollees (all ages)	4,329,159	4,448,211	4,570,538	4,570,538	4,570,538	4,570,538
During grant year 2023-2024 there were many CDC-related delays with the new MDE manual being published six months after the grant year started. This delay negatively impacted the WISEWOMAN program's ability to provide services to clients and negatively impacted providers' ability to bill the Department of Health and Senior Services. *Projected numbers. Actual data available November 2025. **Projected number. Actual data available October 2025.						
2a. Provide an activity measure(s) for the program (continued).						
	CY 2023	CY 2024	CY 2025 Proj.	CY 2026 Proj.	CY 2027 Proj.	CY 2028 Proj.
Missouri participants enrolled in a National Diabetes Prevention Program	20,709	22,721	24,000	26,000	28,000	30,000
Participants in ADA-recognized* or ADCES-accredited** Diabetes Self-Management Education and Support Services (DSMES)	17,557	14,945	16,000	17,500	18,750	19,000
*American Diabetes Association. **Association of Diabetes Care and Education Specialists.						

PROGRAM DESCRIPTION

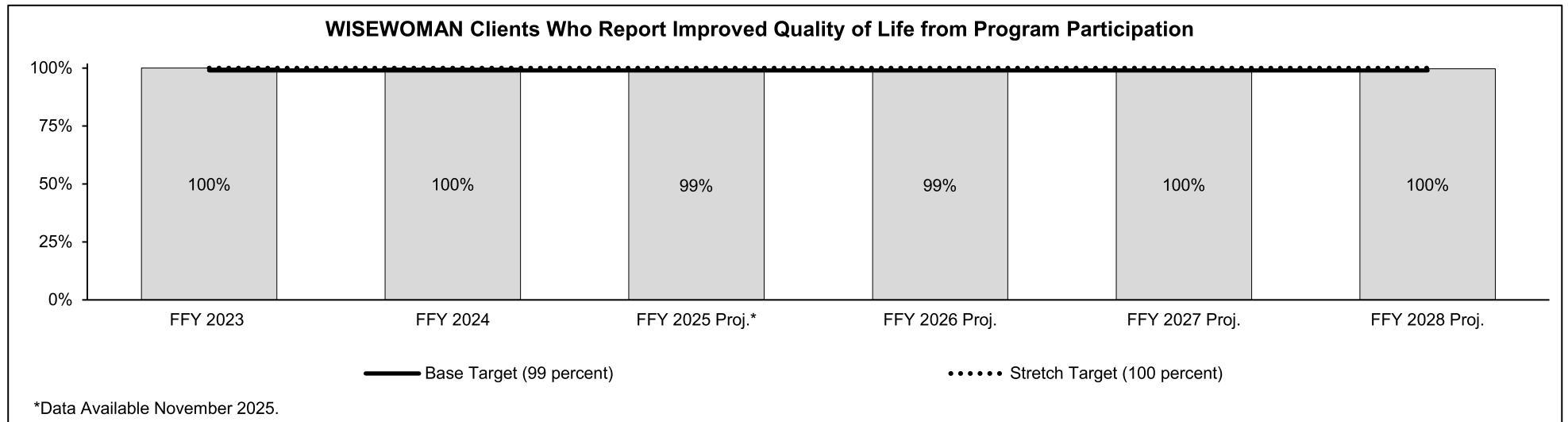
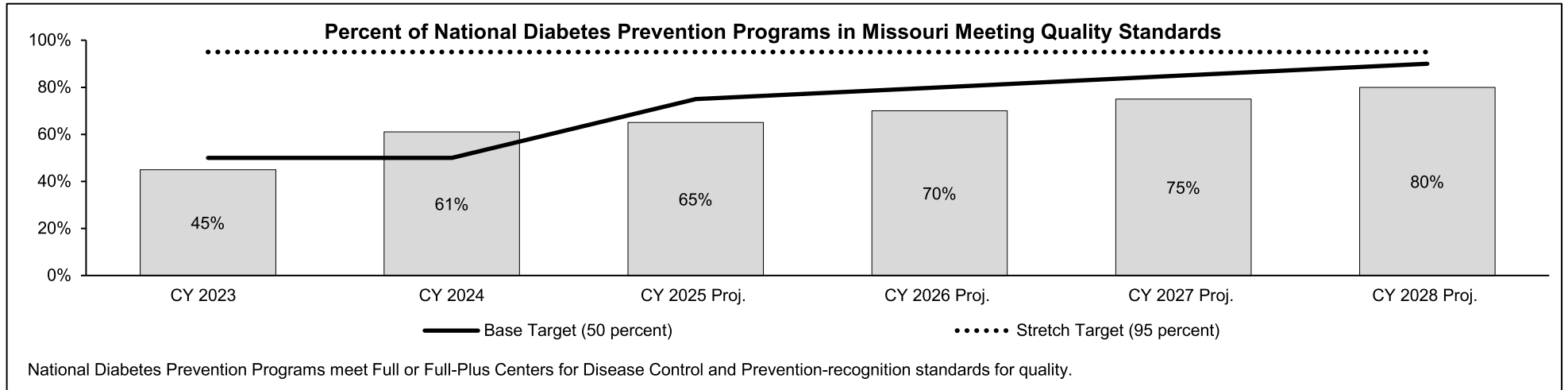
Health and Senior Services

AB Section(s): 10.700

Cancer and Chronic Disease Control and Prevention

Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

Health and Senior Services

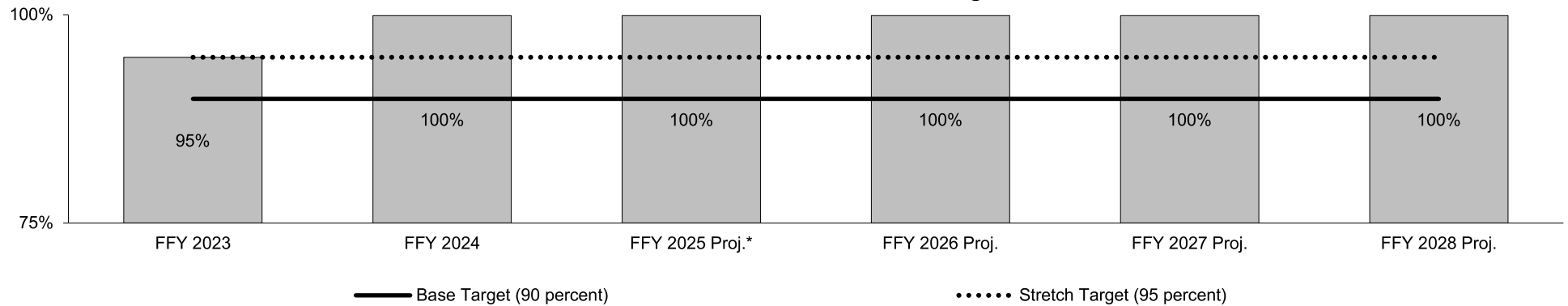
AB Section(s): 10.700

Cancer and Chronic Disease Control and Prevention

Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention

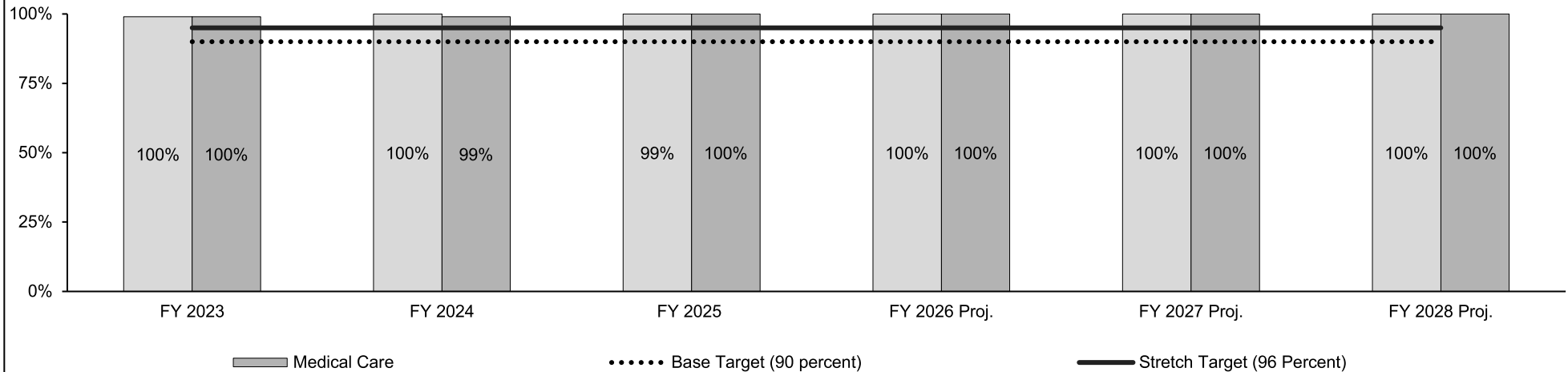
2b. Provide a measure(s) of the program's quality. (continued)

WISEWOMAN Clients Who Were Satisfied with Program Services



*Data Available November 2025.

Show-Me Healthy Women Clients Who Were Satisfied with Program Services and Medical Care



PROGRAM DESCRIPTION

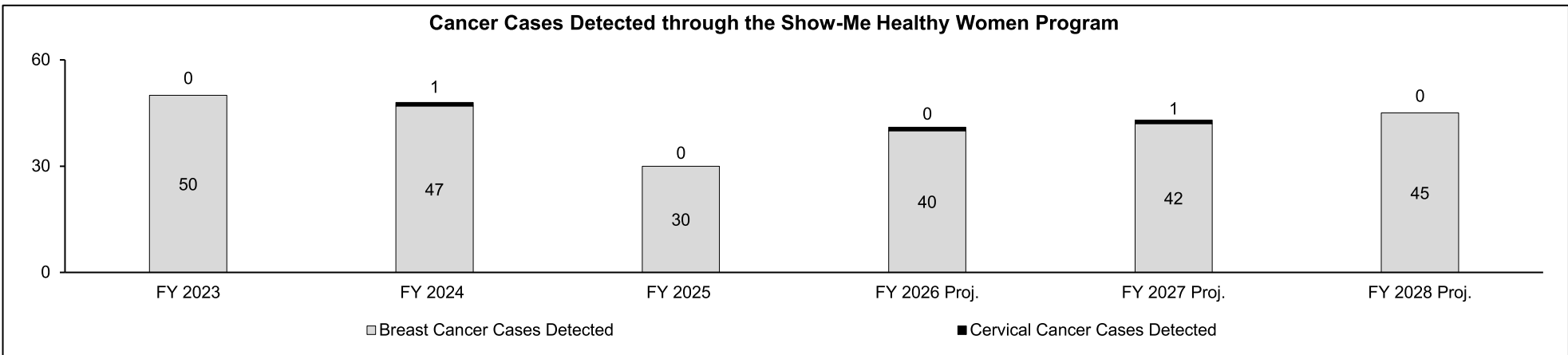
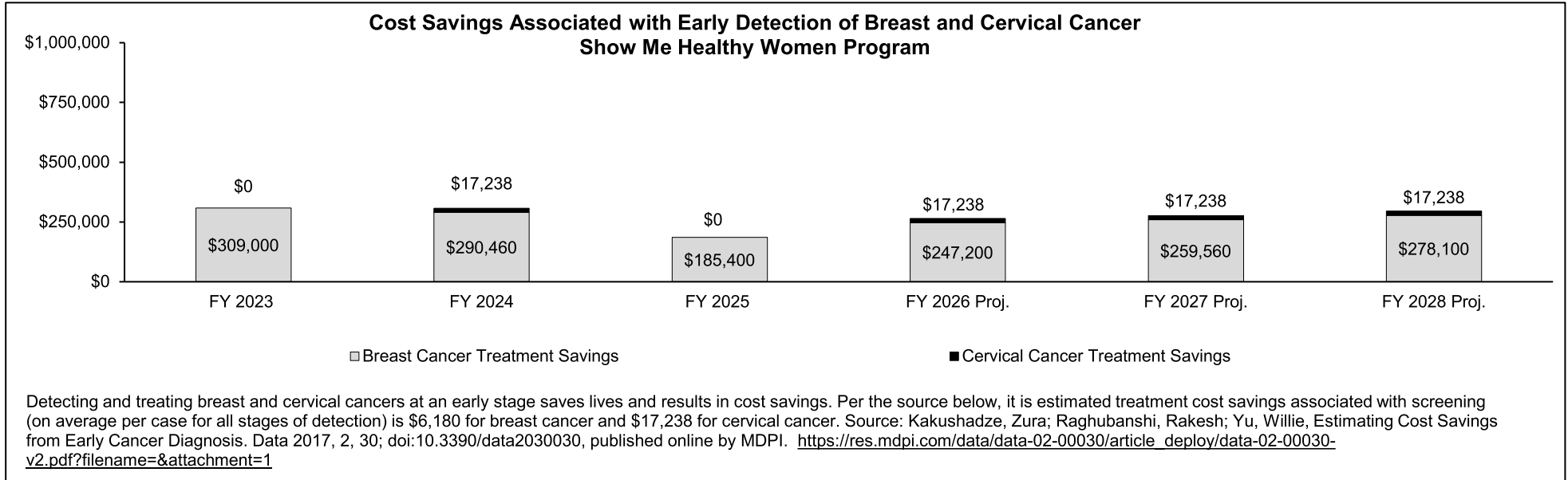
Health and Senior Services

AB Section(s): 10.700

Cancer and Chronic Disease Control and Prevention

Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention

2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

Health and Senior Services

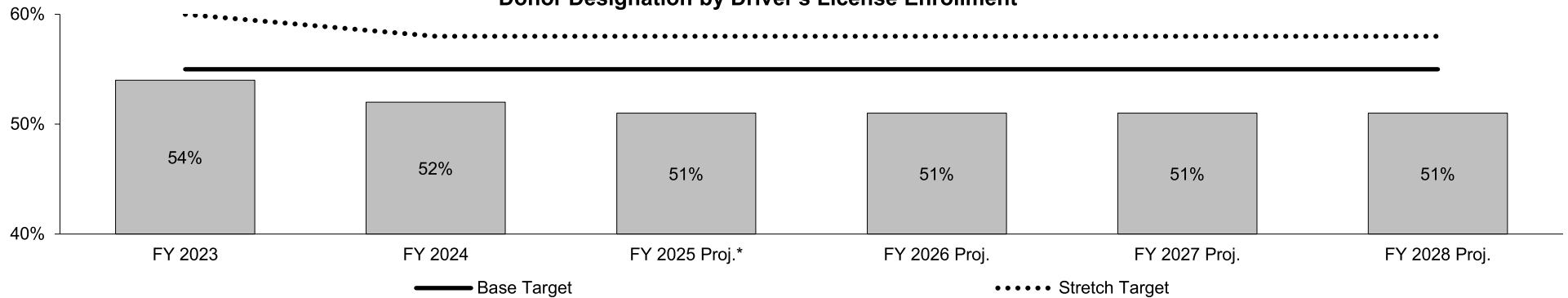
AB Section(s): 10.700

Cancer and Chronic Disease Control and Prevention

Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention

2c. Provide a measure(s) of the program's impact. (continued)

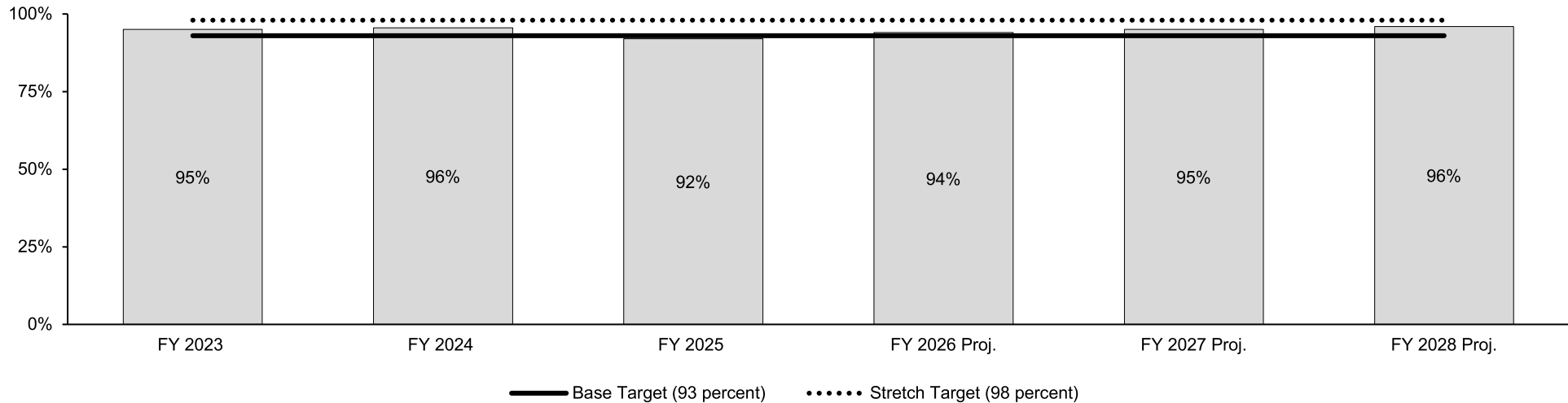
Donor Designation by Driver's License Enrollment



Missouri Driver's License/ID applicants who make a designation as an organ and tissue donor. Does not include Missouri residents in National Registry data as unable to reduplicate data.

*Data Available October 2025.

Show-Me Healthy Women Clients with Abnormal Breast Screening Results that Completed Follow Up Exams



PROGRAM DESCRIPTION

Health and Senior Services

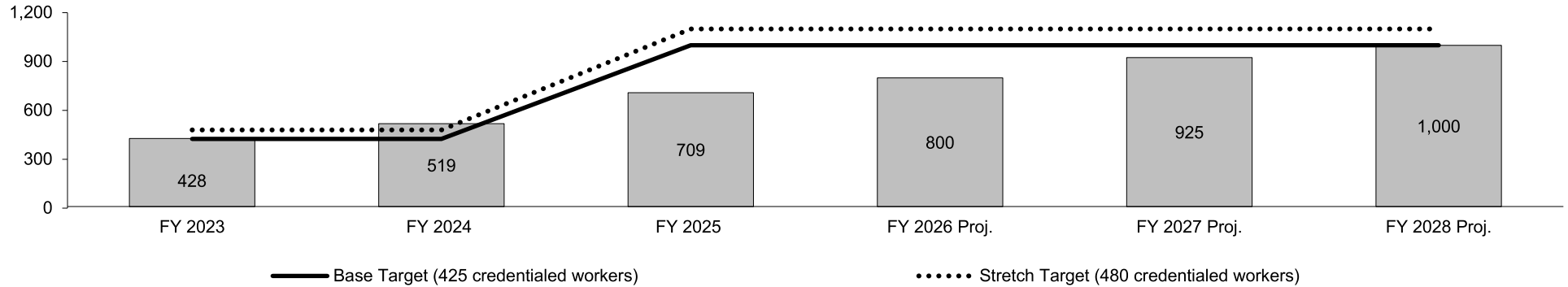
AB Section(s): 10.700

Cancer and Chronic Disease Control and Prevention

Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention

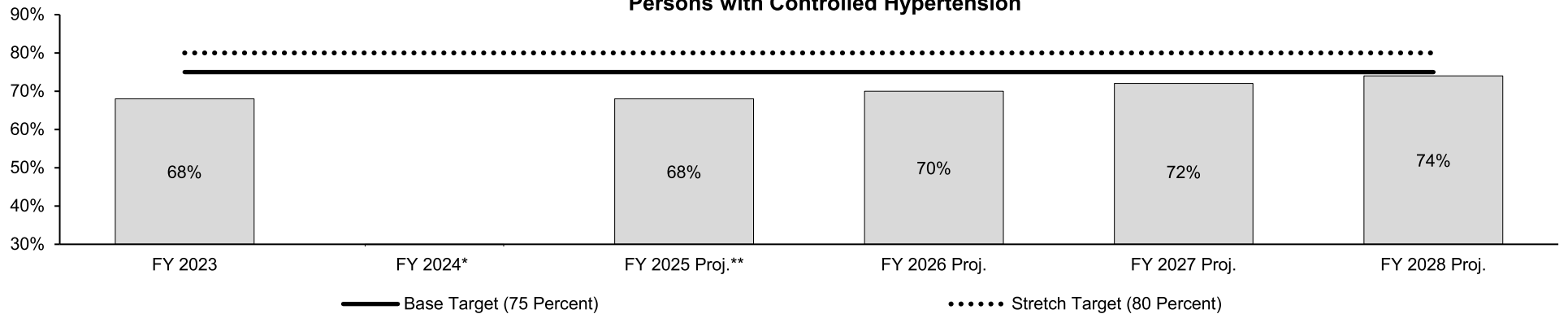
2c. Provide a measure(s) of the program's impact. (continued)

Credentialed Community Health Workers



Credentialing ensures that Community Health Workers (CHW) have received intensive training in the core competencies required to be a CHW. Credentialed CHW's also have better reimbursement rates and a higher sustainability within the agency they serve. The program provides funding to community colleges around the state to offer credentialing training to CHW's. The program began credentialing December 2019.

Persons with Controlled Hypertension



*Data not available during FY 2024.

**Data Available November 2025.

PROGRAM DESCRIPTION

Health and Senior Services

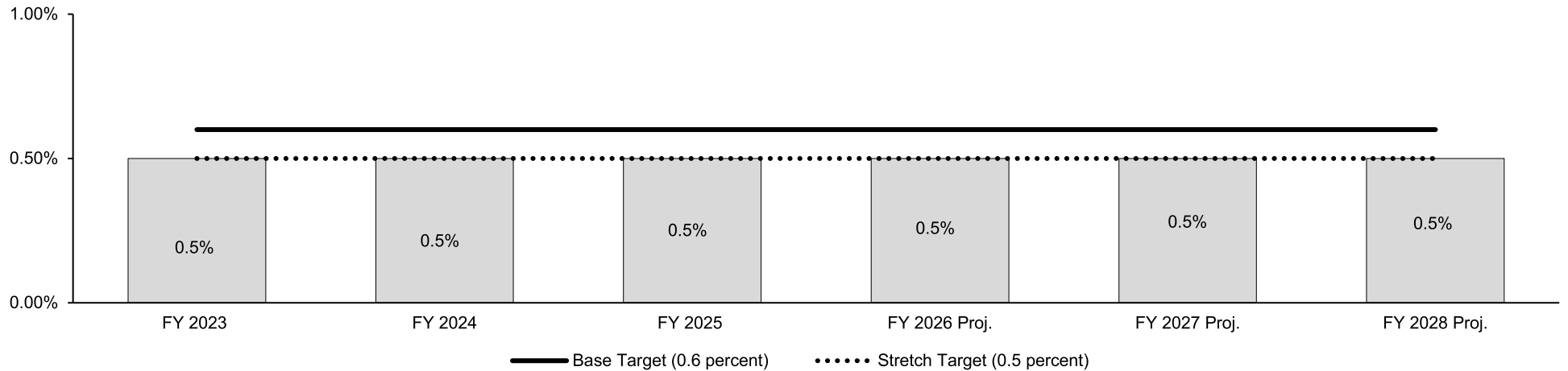
AB Section(s): 10.700

Cancer and Chronic Disease Control and Prevention

Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention

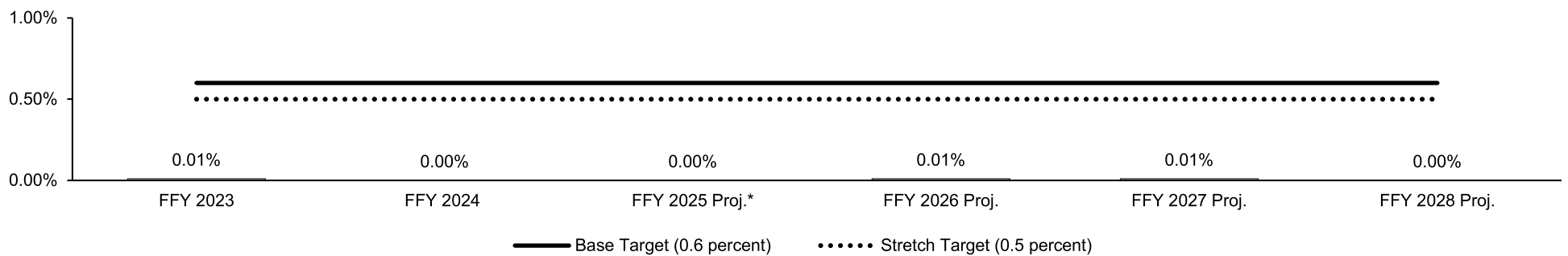
2d. Provide a measure(s) of the program's efficiency.

Show-Me Healthy Women Minimum Data Element Error Rate



The CDC's goal is <1 percent error rate. Errors in data entry may affect eligibility, enrollment, and timely processing of provider payments.

WISEWOMAN Minimum Data Element Error Rate



The CDC's goal is <1 percent error rate. Errors in data entry may affect eligibility, enrollment, and timely processing of provider payments.

PROGRAM DESCRIPTION

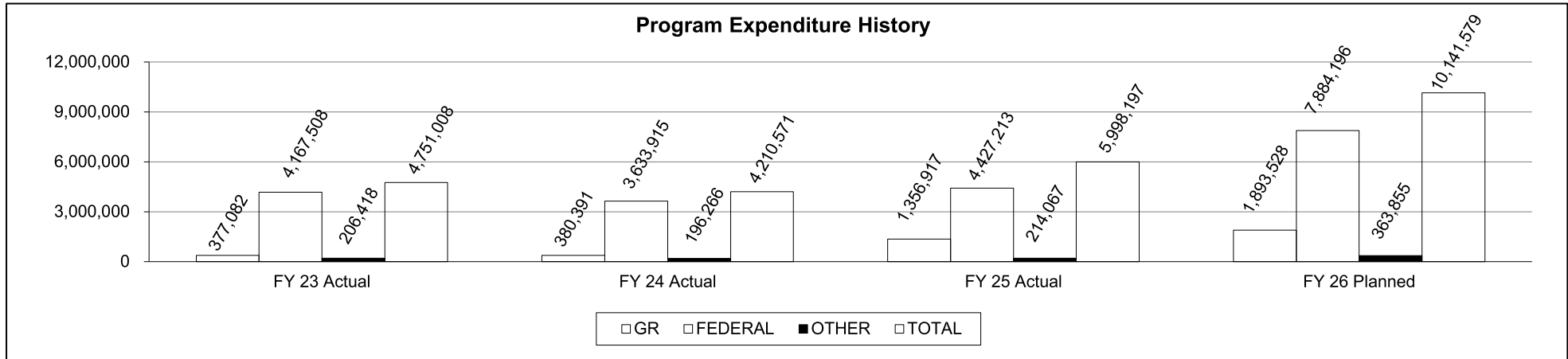
Health and Senior Services

AB Section(s): 10.700

Cancer and Chronic Disease Control and Prevention

Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Health Initiatives Fund (1275), Missouri Public Health Services Fund (1298), Donated (0658), and Organ Donor Program Fund (1824).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Arthritis and Osteoporosis: Sections 192.700-725, RSMo; Asthma: Section 317 (k)(2) and 3171 of the Public Health Service Act, [42 U.S.C. Sections 247b and 247b-10], as amended; Breast and Cervical Cancer Mortality Prevention Act of 1990, PL.354, 42 USC Section 247b(k)(2). Congress amended the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) PL 101-354 in 1993 to create the WISEWOMAN Program. Federal program award number 5 NU58DP006650-04-00; Organ and Tissue Donation: Chapter 58 and 194, RSMo, Sections 9.157, 9.159, 9.351, 105.266, 143.1016, 170.311, 188.036, 191.677.1, 192.1120, 301.020.8, 301.3125, 302.171, 302.181, 332.081, 376.1590, and 431.069, RSMo, National Organ Transplant Act PL 98-507, Organ donor Leave Act PL 106-56, Organ Donation and Recovery Improvement Act PL 108-216, Charlie W. Norwood Living Organ Donation Act PL 110-144, The Hope Act PL 113-51, 42 U.S. Code Section 274e Prohibition of Organ Purchases; Heart Disease, Stroke and Diabetes: Section 317(k)(2) of the Public Health Service Act (PHS Act), 42 U.S.C. 247b (k)(2); Section 301(a) of the PHS Act, 42 U.S.C. 241(a); Cancer: Sections 192.050, 192.650-657, 208.151, and Chapter 376, RSMo, Public Health Service Act Sections 307 and 317 (k)(1) [42 USC 2421 and 247 b(k)(1)], Cancer Registries Amendment Act, PL 102-515).

6. Are there federal matching requirements? If yes, please explain.

The Show-Me Healthy Women program requires a one dollar non-federal, three dollar federal match and maintenance of effort. WISEWOMAN program requires a one dollar non-federal, three dollar federal match.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.705</u>
Communicable Disease Control and Prevention	
Program is found in the following core budget(s): Communicable Disease Control and Prevention	
1a. What strategic priority does this program address? Build and strengthen partnerships, Use clear and concise communication to educate and build trust, and Expand access to services. 1b. What does this program do? The Bureau of Communicable Disease Control and Prevention (BCDCP) includes three program areas: general communicable diseases, tuberculosis elimination, and zoonotic diseases. These programs improve the health of Missourians through the prevention and control of communicable diseases and communicable disease outbreaks. These programs provide the following services: • Conducting surveillance and investigation activities for more than 90 different communicable diseases and conditions of public health importance in Missouri. • The majority of the diseases are mandated for reporting by healthcare providers and clinical laboratories. • Responding to communicable disease threats such as anthrax, Ebola, influenza, highly pathogenic avian influenza, legionellosis, measles, mpox, rabies, Rocky Mountain spotted fever, Salmonella, Shiga toxin-producing E. coli, tuberculosis (TB), multi-drug resistant TB, West Nile virus, and more. • Providing training and technical assistance to local health officials on the application of epidemiologic methods to rapidly identify and respond to cases and outbreaks of communicable diseases of public health importance. The prompt identification and implementation of appropriate control measures prevents additional illnesses occurring in Missouri. • Coordinating with government (at all levels), community organizations, hospitals, health care providers, and the media to implement control measures, and educate the public during local, statewide, national, and worldwide outbreaks of communicable diseases. • Assisting with community planning and response for emergencies such as bioterrorism, pandemic influenza and other pandemics, and natural disasters such as flooding and earthquakes. Program staff are also responsible for public health surveillance, disease investigation, and disease related community education associated with these events. The Immunization Program works to increase immunization participation to protect Missourians against vaccine-preventable diseases based on recommendations of the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP). This program provides the following services: • Providing vaccines to eligible children and adults through the federal entitlement Vaccines for Children (VFC) Program and Public Health Act Section 317 funding. • Offering education, immunization record assessments, and quality improvement strategies for health care professionals to increase coverage rates. • Maintaining a central immunization registry, ShowMeVax, which tracks immunization records and is used to conduct immunization validations required for school and childcare; forecasts need and manages centralized vaccine inventory; and allows providers to order vaccine and track shipments. • Offering technical assistance to health care providers and the general public regarding vaccine recommendations, safety, schedules, and other general information. • Focusing on the provision of services to prevent and control vaccine-preventable outbreaks in vulnerable populations through immunization of VFC/317-eligible populations and is an integral participant in pandemic planning.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.705</u>																																																	
Communicable Disease Control and Prevention																																																		
Program is found in the following core budget(s): Communicable Disease Control and Prevention																																																		
1b. What does this program do? (continued) The Healthcare-associated Infections and Antimicrobial Resistance (HAI/AR) Program works with healthcare facilities (hospitals, long-term care facilities, dialysis centers, etc.) to increase surveillance and response activities for infections occurring in healthcare facilities, including pathogens developing resistance to antibiotics. • Conducting surveillance and investigation activities for cases and outbreaks of healthcare-associated infections of public health importance in Missouri. Many pathogens linked to healthcare-associated infections have developed resistance to frequently used antibiotics. The pathogens include, but are not limited to, Carbapenemase-producing organisms, drug resistant <i>Candida auris</i>, Vancomycin-resistant <i>Enterococci</i>. • Providing training and technical assistance to healthcare facilities and local health officials on the application of infection control practices and epidemiologic methods to prevent, rapidly identify, and respond to cases and outbreaks of healthcare-associated infections. The rapid identification of healthcare-associated infections and implementation of effective control measures helps to prevent additional illnesses in healthcare facilities in Missouri. • Coordinating with government (at all levels) to implement control measures, and educate the public during local, statewide, national, and worldwide outbreaks of healthcare-associated and antimicrobial resistant disease threats of public health importance. • Training and technical assistance to healthcare facilities on implementing antimicrobial stewardship activities to slow the spread of antimicrobial resistance in organisms of public health importance.																																																		
2a. Provide an activity measure(s) for the program.																																																		
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>CY 2023</th> <th>CY 2024</th> <th>CY 2025 Proj.</th> <th>CY 2026 Proj.</th> <th>CY 2027 Proj.</th> <th>CY 2028 Proj.</th> </tr> </thead> <tbody> <tr> <td>Conditions Reported to DHSS for Surveillance and Investigation*</td> <td>60,608</td> <td>162,077</td> <td>130,000</td> <td>130,000</td> <td>130,000</td> <td>130,000</td> </tr> <tr> <td>Communicable Disease Outbreaks**</td> <td>64</td> <td>109</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> </tr> <tr> <td>Principles of Epidemiology Training Attendees</td> <td>47</td> <td>45</td> <td>50</td> <td>50</td> <td>50</td> <td>50</td> </tr> <tr> <td>DHSS Staff Visits and Technical Assistance to Vaccines for Children Providers</td> <td>712</td> <td>718</td> <td>725</td> <td>725</td> <td>725</td> <td>725</td> </tr> <tr> <td>Vaccines Distributed</td> <td>1,008,154</td> <td>1,066,204</td> <td>1,004,078</td> <td>1,200,000</td> <td>1,300,000</td> <td>1,400,000</td> </tr> <tr> <td>Multidrug-Resistant Organisms Reported to DHSS for Investigation***</td> <td>471</td> <td>728</td> <td>825</td> <td>825</td> <td>825</td> <td>825</td> </tr> </tbody> </table> *Conditions reported do not include COVID-19, HIV, Hepatitis B and C, and sexually transmitted infections. The variability in reported cases during a calendar year is often impacted by the timing and severity of seasonal influenza. **CY 2024 data is preliminary. *** Multidrug-Resistant Organisms include Carbapenemase-Producing Organisms and <i>Candida auris</i>		CY 2023	CY 2024	CY 2025 Proj.	CY 2026 Proj.	CY 2027 Proj.	CY 2028 Proj.	Conditions Reported to DHSS for Surveillance and Investigation*	60,608	162,077	130,000	130,000	130,000	130,000	Communicable Disease Outbreaks**	64	109	100	100	100	100	Principles of Epidemiology Training Attendees	47	45	50	50	50	50	DHSS Staff Visits and Technical Assistance to Vaccines for Children Providers	712	718	725	725	725	725	Vaccines Distributed	1,008,154	1,066,204	1,004,078	1,200,000	1,300,000	1,400,000	Multidrug-Resistant Organisms Reported to DHSS for Investigation***	471	728	825	825	825	825
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PROGRAM DESCRIPTION

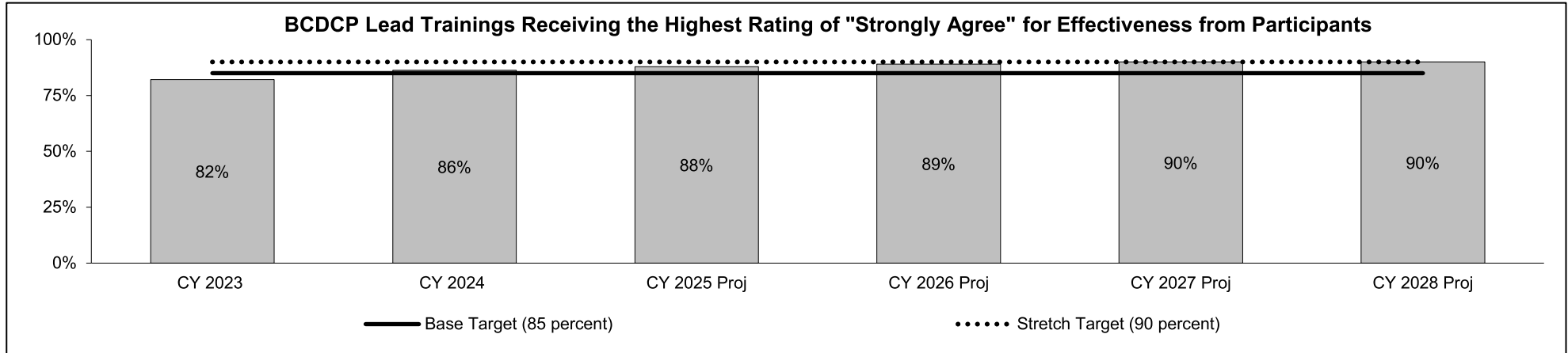
Health and Senior Services

AB Section(s): 10.705

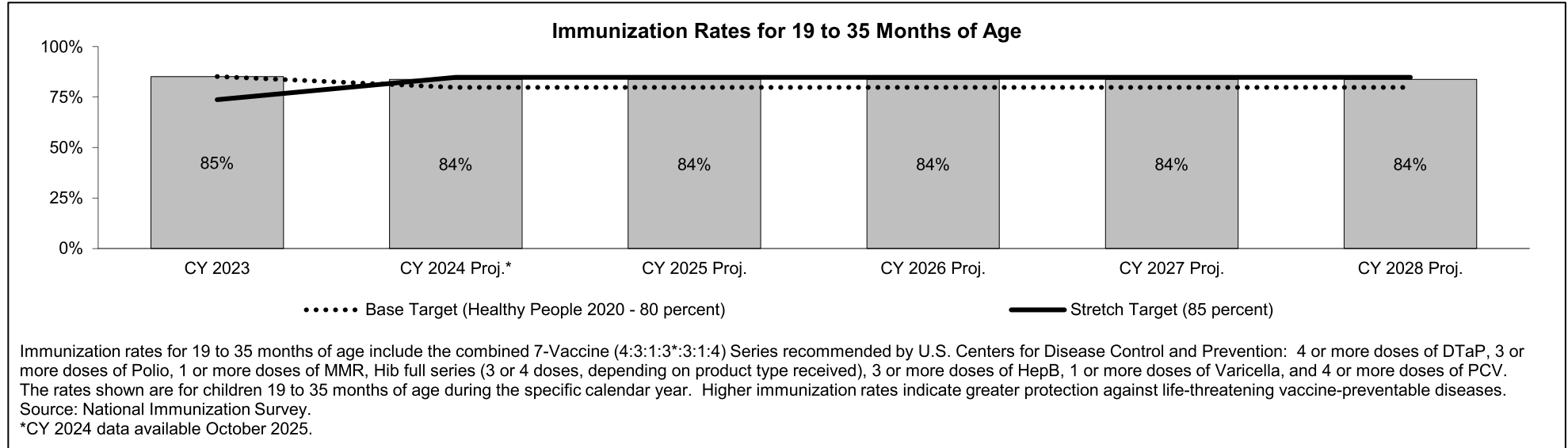
Communicable Disease Control and Prevention

Program is found in the following core budget(s): Communicable Disease Control and Prevention

2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

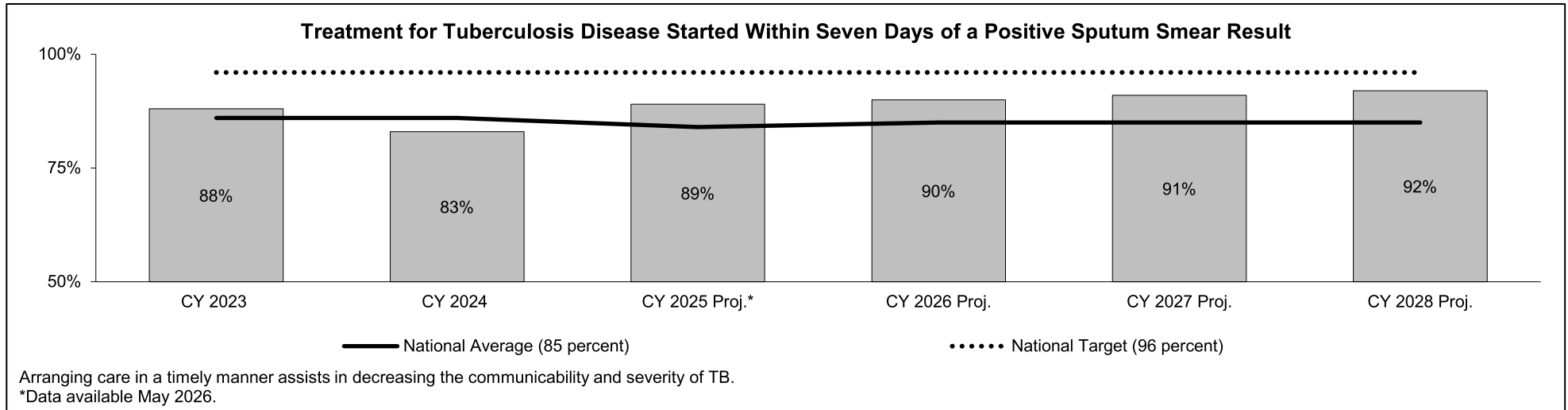
Health and Senior Services

AB Section(s): 10.705

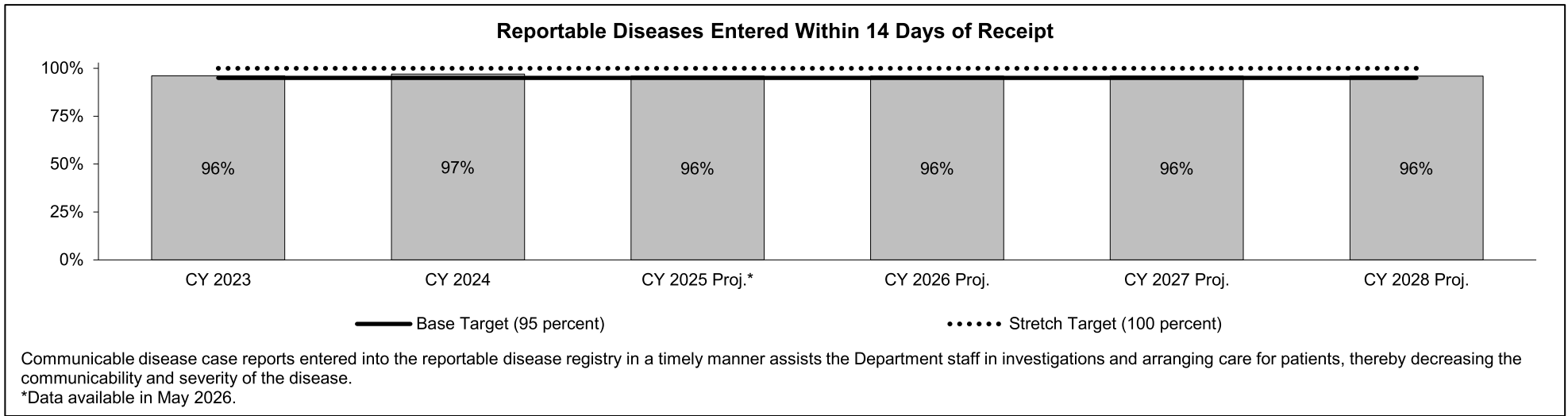
Communicable Disease Control and Prevention

Program is found in the following core budget(s): Communicable Disease Control and Prevention

2c. Provide a measure(s) of the program's impact. (continued)



2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

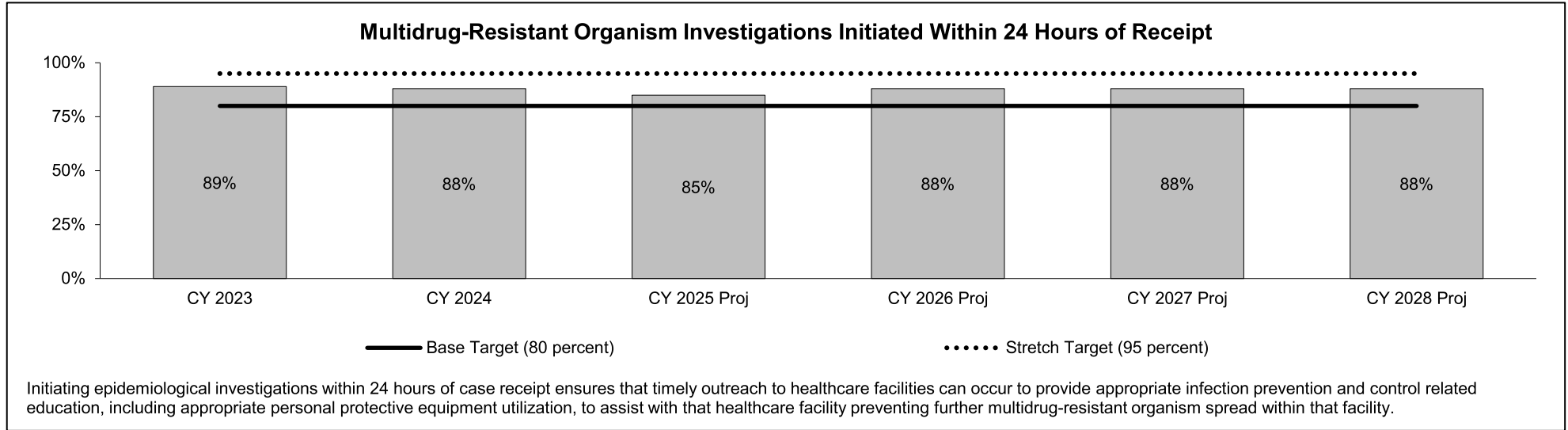
Health and Senior Services

AB Section(s): 10.705

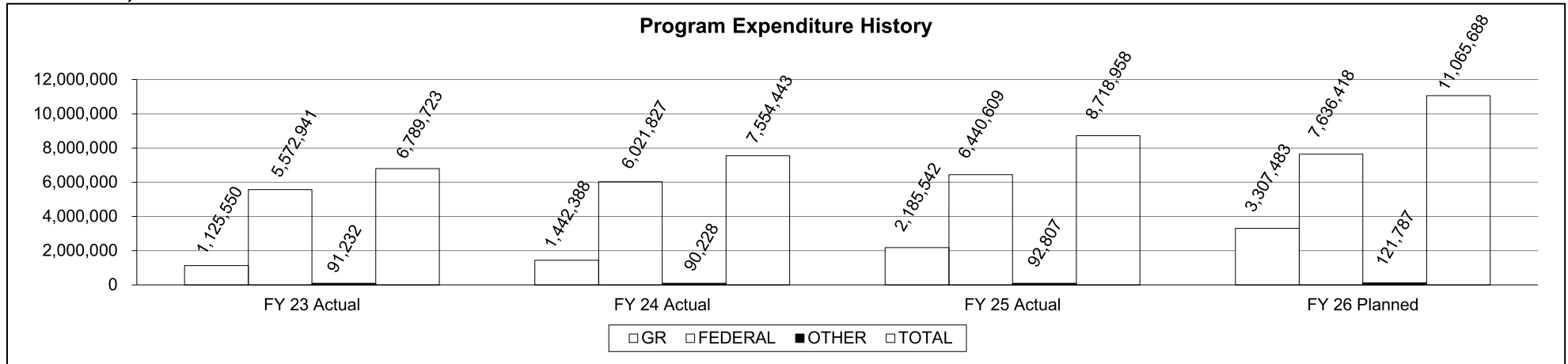
Communicable Disease Control and Prevention

Program is found in the following core budget(s): Communicable Disease Control and Prevention

2d. Provide a measure(s) of the program's efficiency. (cont.)



3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.705</u>
Communicable Disease Control and Prevention	
Program is found in the following core budget(s): <u>Communicable Disease Control and Prevention</u>	
4. What are the sources of the "Other " funds? Health Initiatives Fund (1275).	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Sections 192.020, 192.110, 192.138, 192.139, 192.320, 199.170-199.350, and 701.328, RSMo. Sections 167.181, 167.183, 192.006, 192.020, 192.072, 192.630, 210.003, and 210.030, RSMo. Section 317 of the Public Health Service Act, 42 USC Section 247b, as amended; Section 1902(a)(62) of the Social Security Act, 42 USC Section 1396(a)(62); Section 1928(a) of the Social Security Act, 42 USC Section 1396s(a).	
6. Are there federal matching requirements? If yes, please explain. No.	
7. Is this a federally mandated program? If yes, please explain. Immunization programs are required in every U.S. state and territory. Missouri's immunization program is 100 percent federally funded.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.710</u>
Community Health and Wellness Initiatives	
Program is found in the following core budget(s): Community Health and Wellness Initiatives	
1a. What strategic priority does this program address? Build and strengthen partnerships; Use clear and concise communication to educate and build trust 1b. What does this program do? The Community Health Initiatives program implements evidence-based interventions to improve health in communities, child care centers, schools, and worksites to reduce tobacco use and exposure to secondhand smoke; prevent unintentional injuries and overdose incidents; support access to substance use disorder treatment, recovery and prevention services; reduce teen pregnancies; reduce obesity; improve maternal, infant and child health; and improve the management of chronic diseases for children in the school setting. The program accomplishes these by sharing staff knowledge and expertise, providing resources and programs, and fostering local, state, and federal partnerships. Activities focus on system-level and policy changes that create environments where making a healthy choice is the easy choice, and works with and in Missouri communities to create environments and cultures that support optimum health/well-being across the lifespan. The initiative activities include the following: • Providing professional development opportunities for stakeholders such as childcare providers, school health and food service professionals, local public health agencies, and employers. • Developing and disseminating resources such as toolkits on increasing physical activity in childcare, implementing farm-to-preschool programs, passing and implementing school tobacco use policies, implementing worksite wellness programs, navigating youth mental health crises, and implementing naloxone protocols in schools. • Providing technical assistance and consultation services to a variety of stakeholders on reducing tobacco use and exposure to secondhand smoke; preventing unintentional injuries; reducing teen pregnancy; reducing obesity; improving maternal, infant and child health; and improving the management of children with chronic disease in the school setting. • Overseeing Missouri Tobacco Quit Services, which provides tobacco cessation services, including phone and online coaching programs and nicotine replacement therapies to eligible callers. • Administering contracts to local agencies to implement evidence-based prevention strategies; Maternal Child Health (MCH) Services contracts with 111 LPHAs to support building and expanding a community-based system to respond to priority health issues, ensure access to quality MCH services, reduce health disparities and promote health within the MCH population; and technical assistance contracts with subject matter experts to assist communities with implementation of smoke-free air policies, complete streets policies, food service guidelines, and other various system and policy change strategies. • Providing leadership across state and national organizations to create cohesive strategies to catalyze change, including leading the Missouri Injury and Violence Prevention Advisory Committee. • Conducting outreach campaigns such as Connect with Me, a campaign to encourage adults to have conversations with youth regarding healthy development, and other campaigns to raise awareness of the harms of exposure to secondhand smoke, tobacco and youth vaping use, and the risks associated with cannabis use among the public and youth populations under the age of 21.	

PROGRAM DESCRIPTION

Health and Senior Services

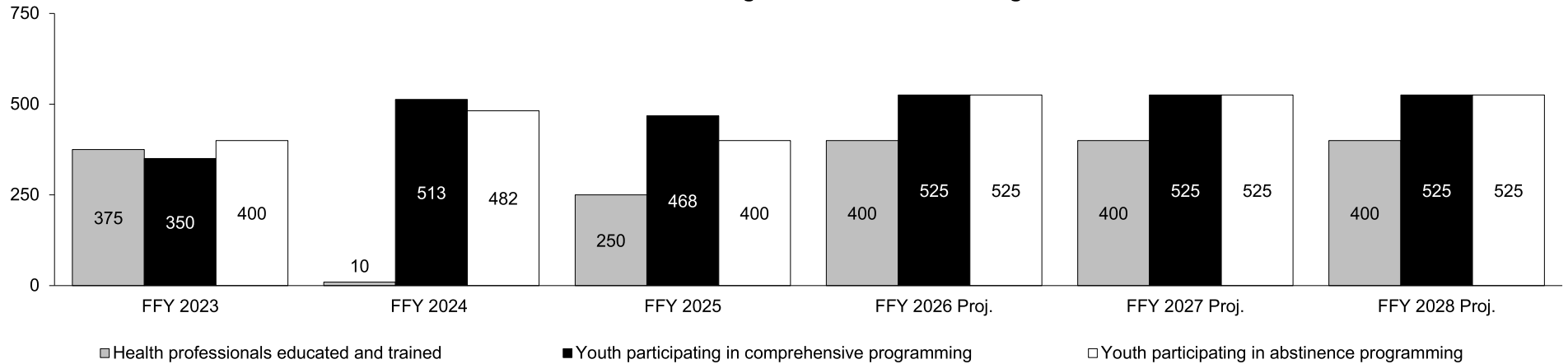
AB Section(s): 10.710

Community Health and Wellness Initiatives

Program is found in the following core budget(s): Community Health and Wellness Initiatives

2a. Provide an activity measure(s) for the program.

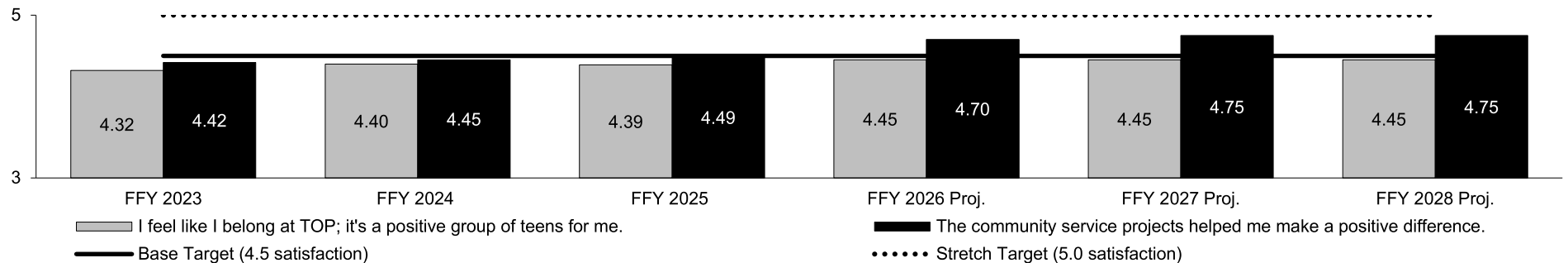
Clients Served through Adolescent Health Program



Total number served limited by federal grant funding.

2b. Provide a measure(s) of the program's quality.

Adolescent Satisfaction with Teen Outreach Program (TOP)



Range of satisfaction is from one to five, with five being the highest score possible.

PROGRAM DESCRIPTION

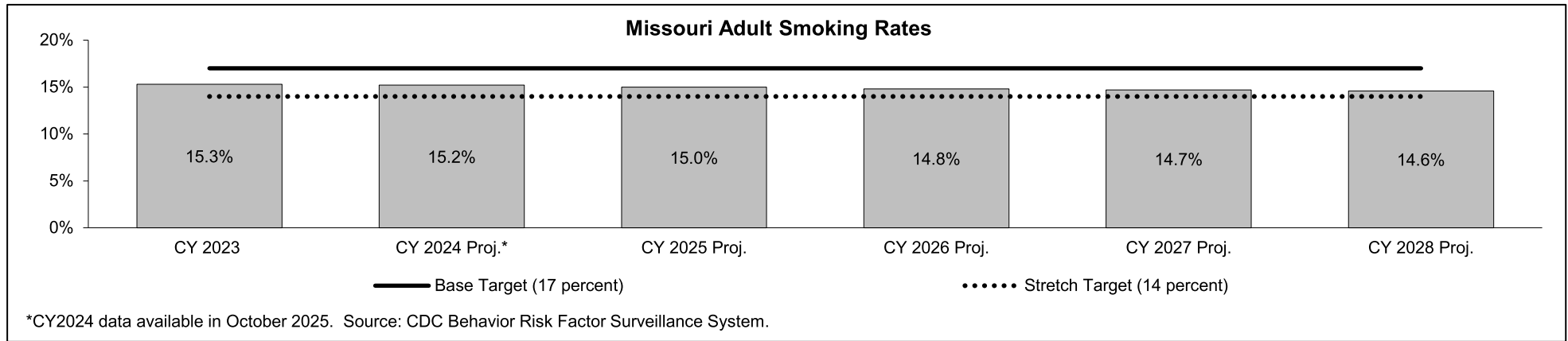
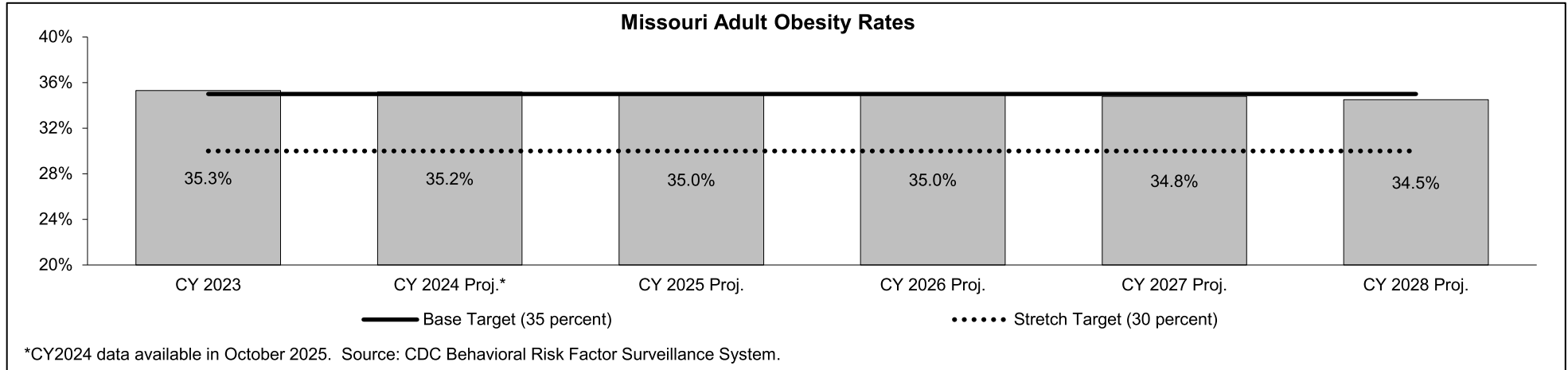
Health and Senior Services

AB Section(s): 10.710

Community Health and Wellness Initiatives

Program is found in the following core budget(s): Community Health and Wellness Initiatives

2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

Health and Senior Services

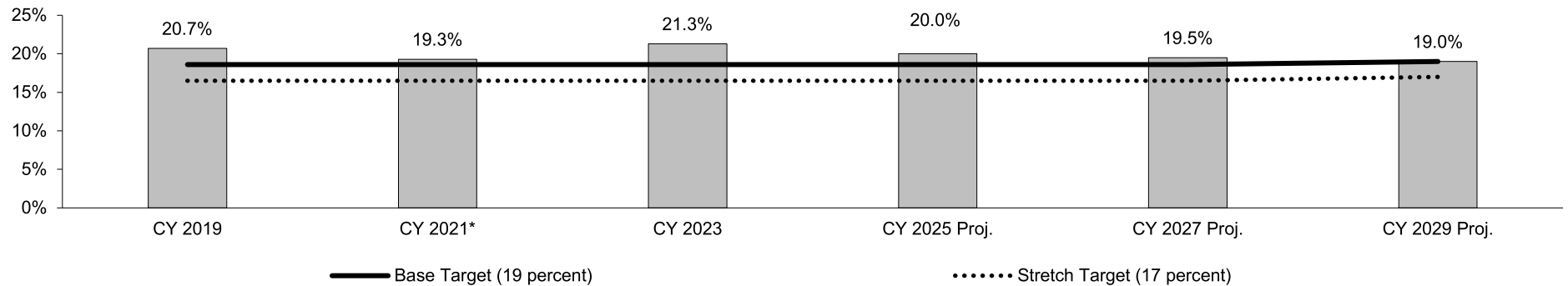
AB Section(s): 10.710

Community Health and Wellness Initiatives

Program is found in the following core budget(s): Community Health and Wellness Initiatives

2c. Provide a measure(s) of the program's impact (cont.)

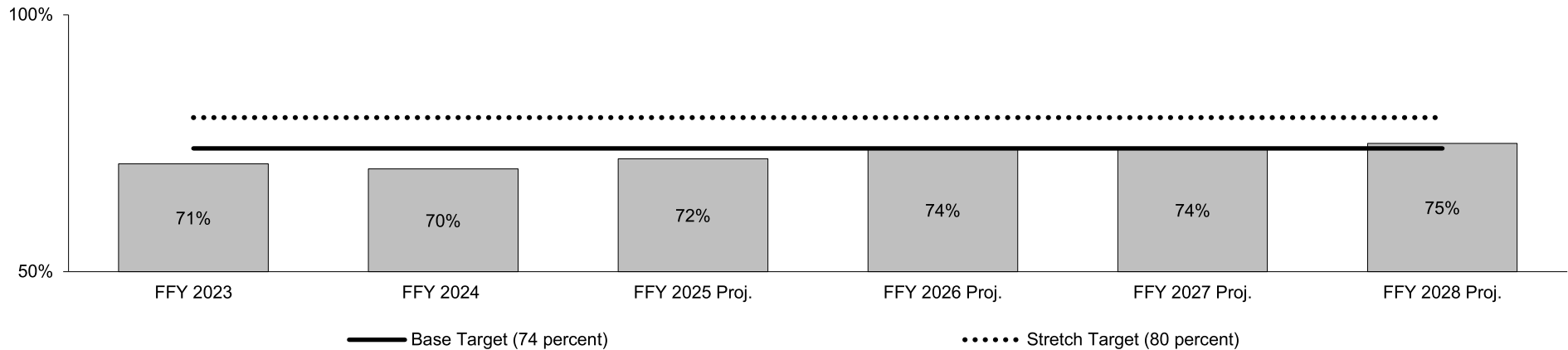
Missouri High School Youth E-cigarette Use Rate



*National rate for CY 2021 is 18 percent. Source: [2021 YRBS](#)

2d. Provide a measure(s) of the program's efficiency.

Youth Completing Adolescent Health Programming



Completion rate defined as the percent of youth who attended at least 75 percent of program sessions supported by the Adolescent Health Program.

PROGRAM DESCRIPTION

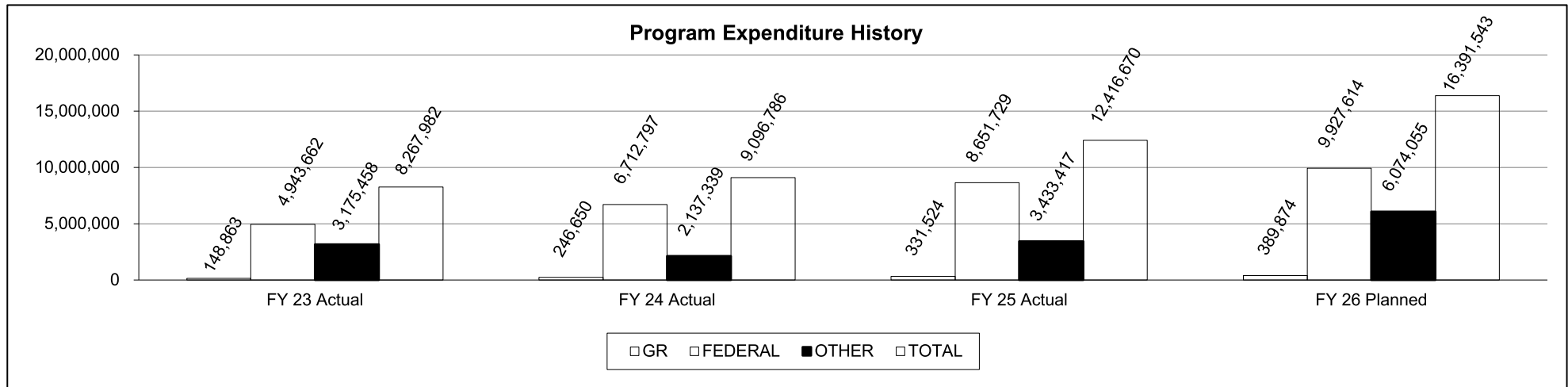
Health and Senior Services

AB Section(s): 10.710

Community Health and Wellness Initiatives

Program is found in the following core budget(s): Community Health and Wellness Initiatives

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Health Initiatives Fund (1275) and Governor's Council on Physical Fitness Institution Gift Trust Fund (1924).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Missouri Comprehensive Tobacco Control Program: Public Health Service Act 301, 307, 310, 311, Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986. Center on Drugs and Public Policy Program: PART A, TITLE XIX, PHS Act, as amended. P.L. 110-161. Obesity Prevention: Part A, Title XIX, PHS Act, as amended; Public Health Service Act Sections 307 and 317 (k)(1) [42 USC 2421 and 247 b(k)(1)]; and 301A, 311BC, 317K2 (42USC241A, 243BC247BK2). Injury Prevention: Social Security Act, Title V, 45 CFR 96. Adolescent Health: Sections 167.765, 167.682, 170.15 and 192.025, RSMo.

6. Are there federal matching requirements? If yes, please explain.

Yes, the Title V Maternal and Child Health Services Block Grant partially supports this program and requires a three dollar non-federal match for every four dollars of federal funds received. This grant also requires maintenance of effort.

7. Is this a federally mandated program? If yes, please explain.

The Title V Maternal and Child Health Block Grant requires the state to address the Adolescent Health Domain for the 2021 to 2025 project period; activities of the Adolescent Health Program and Injury Prevention Program ensures this domain is addressed.

PROGRAM DESCRIPTION

Department of Health and Senior Services

AB Section(s): 10.710

Substance Use Disorder (SUD) Grant Admin

Program is found in the following core budget(s): Substance Use Disorder Grant Program

1a. What strategic priority does this program address?

Expand access to services.

1b. What does this program do?

The Division of Community and Public Health (DCPH) operates the Substance Use Disorder (SUD) Grant Program, which is funded through adult cannabis tax dollars deposited in the Veteran's Health and Community Reinvestment Fund. Per Article XIV, the Division may use these funds for grants to agencies and not-for-profits to increase access to evidence-based, low-barrier drug addiction treatment programs, support overdose prevention education, and support job placement, housing, and counseling for those with substance use disorders. Agencies and organizations serving populations with the highest rates of drug-related overdose shall be prioritized to receive the grants. Grants are awarded to develop new or support existing recovery support services for priority populations impacted by substance use disorder.

2a. Provide an activity measure(s) for the program.

The program will measure activity through the number of agencies and organizations served.

2b. Provide a measure(s) of the program's quality.

The program's quality will be measured through participant satisfaction rates.

2c. Provide a measure(s) of the program's impact.

The program will measure impact through the increase in participating agencies and organizations.

2d. Provide a measure(s) of the program's efficiency.

The program will measure efficiency through the number of participants served through participating agencies and organizations.

PROGRAM DESCRIPTION

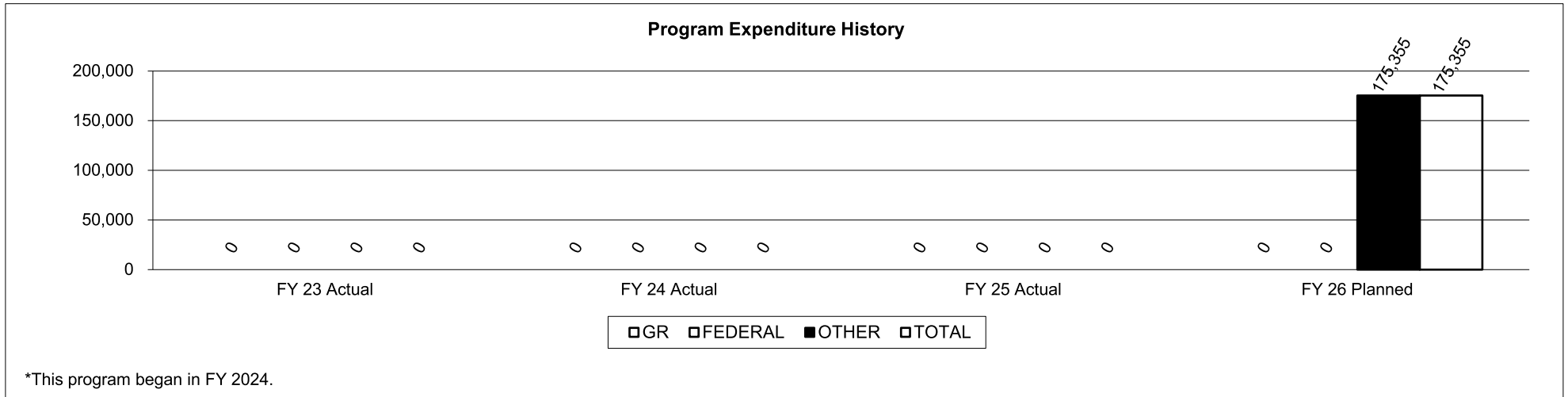
Department of Health and Senior Services

AB Section(s): 10.710

Substance Use Disorder (SUD) Grant Admin

Program is found in the following core budget(s): Substance Use Disorder Grant Program

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Veterans, Health, and Community Reinvestment Fund (1608)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution.

6. Are there federal matching requirements? If yes, please explain.

Not applicable.

7. Is this a federally mandated program? If yes, please explain.

Not applicable.

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): 10.1010
Substance Use Disorder (SUD) Grant	
Program is found in the following core budget(s): Substance Use Disorder Grant Program	
1a. What strategic priority does this program address? Expand access to services.	
1b. What does this program do? The Division of Community and Public Health (DCPH) operates the Substance Use Disorder (SUD) Grant Program, which is funded through adult cannabis tax dollars deposited in the Veteran's Health and Community Reinvestment Fund. Per Article XIV, the Division may use these funds for grants to agencies and not-for-profits to increase access to evidence-based, low-barrier drug addiction treatment programs, support overdose prevention education, and support job placement, housing, and counseling for those with substance use disorders. The SUD Grant Program offers competitively awarded grants for SUD prevention, recovery, and treatment. The program funds grants in Missouri communities with high drug overdose rates, poor health outcomes and health-related issues. Grant awards vary by funding opportunity and depend on the opportunity's scope and the funding available. DCPH first received this funding in FY2024. The DHSS granted a portion of these funds to the Department of Mental Health (DMH) to support four recovery community centers (RCCs) before the SUD Grant Program rules were developed. RCCs provide peer-led community-based support that connects people who use drugs to recovery resources, including treatment, employment, housing, and harm reduction supplies. SUD Grant Program rules became effective on July 31, 2025.	

PROGRAM DESCRIPTION

Department of Health and Senior Services				AB Section(s): 10.1010
Substance Use Disorder (SUD) Grant				
Program is found in the following core budget(s): Substance Use Disorder Grant Program				
2a. Provide an activity measure(s) for the program.				
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Number of individuals served	4,332	6,000	6,500	6,800
2b. Provide a measure(s) of the program's quality.				
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Number of participants satisfied with services received*	N/A	TBD	TBD	TBD
*This is a new measure. Baseline data will be collected in SFY26, and projections will be made for subsequent fiscal years.				
2c. Provide a measure(s) of the program's impact.				
Number of people connected to services by service type.				
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Treatment	405	600	625	625
Housing	420	600	625	625
Employment Assistance (referred)	368	450	500	550
Employed	158	225	250	250
2d. Provide a measure(s) of the program's efficiency.				
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Average number of days from initial contact to service engagement.	<1	<1	<1	<1

PROGRAM DESCRIPTION

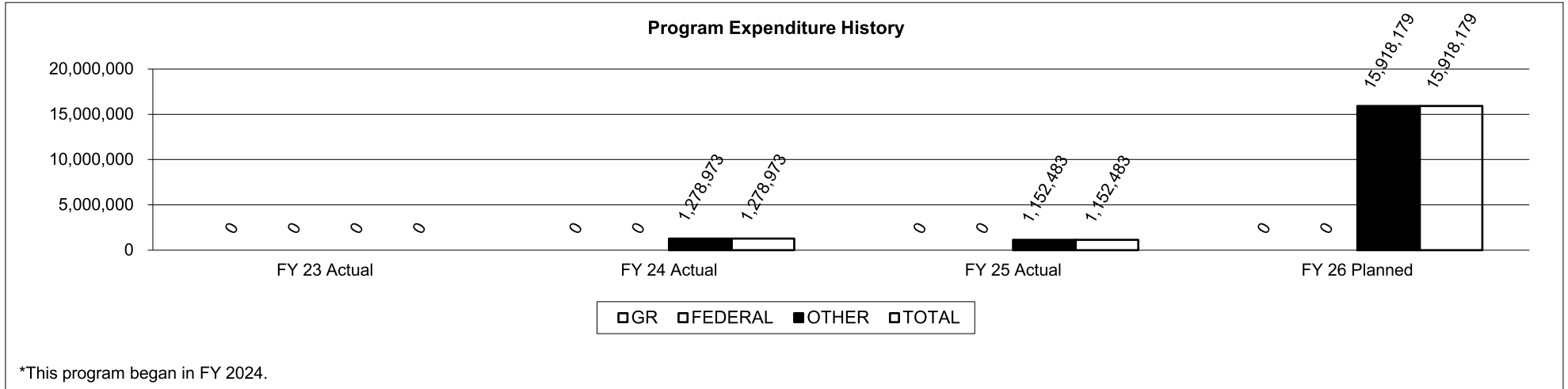
Department of Health and Senior Services

AB Section(s): 10.1010

Substance Use Disorder (SUD) Grant

Program is found in the following core budget(s): Substance Use Disorder Grant Program

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Reinvestment Fund (1640).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution.

6. Are there federal matching requirements? If yes, please explain.

Not applicable.

7. Is this a federally mandated program? If yes, please explain.

Not applicable.

PROGRAM DESCRIPTION

Department of Health and Senior Services				AB Section(s): 10.1015	
Substance Use Disorder (SUD) Grants: DMH Youth Substance Use Prevention					
Program is found in the following core budget(s): Substance Use Disorder DMH Youth Substance Use Prevention Grant					
1a. What strategic priority does this program address? Expand access to services					
1b. What does this program do? The Division of Community and Public Health operates the Substance Use Disorder (SUD) Grant Program, which is funded through adult cannabis tax dollars deposited in the Veteran's Health and Community Reinvestment Fund. During the 2024 legislative session, the Missouri Legislature appropriated funding for the Department of Health and Senior Services to issue a grant to the Department of Mental Health (DMH) for youth substance use prevention efforts. DMH youth substance use prevention activities includes funding 10 Prevention Resource Centers (PRCs) to facilitate the implementation of evidence-based programs and strategies aimed at preventing youth substance use across the state. The centers conduct train-the-trainer education programs to implement the Substance Use Prevention Optimizing Robust Teens (SPORT) Prevention Plus Wellness (PPW) Program.					
2a. Provide an activity measure(s) for the program.					
Number Trained/Served	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	
Number of students participating in EBP	335	500	550	600	
Number of students served through PRC prevention programs	305	450	550	650	
2b. Provide a measure(s) of the program's quality.					
Number of evidence-based substance use prevention programs/curricula used					
FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.		
7	8	10	10		
2c. Provide a measure(s) of the program's impact. The program will measure impact through the increase in knowledge of the youth program participants via pre and post tests. *Data was not collected in FY 2025 as the program was being established.					
2d. Provide a measure(s) of the program's efficiency.					
Number of sites using EBP Programs	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	
Schools	11	25	30	35	
Community-based settings	6	15	20	25	

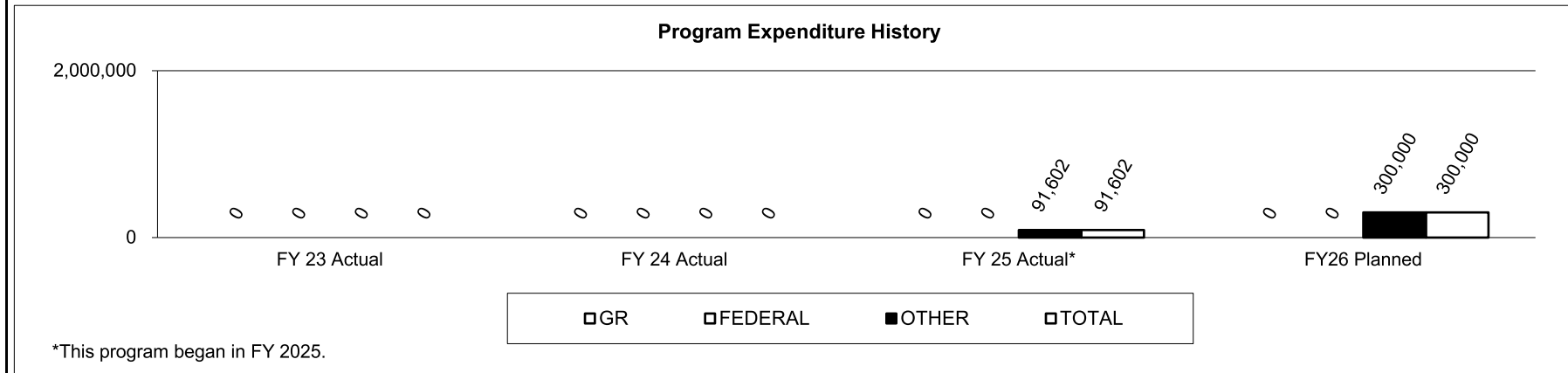
PROGRAM DESCRIPTION

Department of Health and Senior Services AB Section(s): 10.1015

Substance Use Disorder (SUD) Grants: DMH Youth Substance Use Prevention

Program is found in the following core budget(s): Substance Use Disorder DMH Youth Substance Use Prevention Grant

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Reinvestment Fund (1640).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution.

6. Are there federal matching requirements? If yes, please explain.

Not applicable.

7. Is this a federally mandated program? If yes, please explain.

Not applicable.

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.1015</u>															
Substance Use Disorder (SUD) Grants: DMH Community and Youth Services Liaisons																
Program is found in the following core budget(s): Substance Use Disorder DMH Community and Youth Services Liaisons Grant																
1a. What strategic priority does this program address? Expand access to services																
1b. What does this program do? The Division of Community and Public Health operates the Substance Use Disorder (SUD) Grant Program, which is funded through adult cannabis tax dollars deposited in the Veteran's Health and Community Reinvestment Fund. In 2024, the Missouri Legislature appropriated funds for the Department of Health and Senior Services to issue a grant to the Department of Mental Health (DMH) to provide community and youth service liaisons. Through this program DMH supports eight youth behavioral health liaisons (YBHLs) using the Helping Others Provide Encouragement (HOPE) Referral Program to offer intensive care coordination and support through wraparound services to youth facing behavioral health challenges, including mental health issues and substance use; and 30 community behavioral health liaisons (CBHLs) who assist law enforcement, jails, and courts in linking individuals with behavioral health needs to treatment services and/or community resources.																
2a. Provide an activity measure(s) for the program.																
Number of individuals referred to a YBHL or CBHL																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">FY 2025</th> <th style="width: 20%;">FY 2026 Proj.</th> <th style="width: 20%;">FY 2027 Proj.</th> <th style="width: 25%;">FY 2028 Proj.</th> </tr> </thead> <tbody> <tr> <td>CBHL</td> <td style="text-align: center;">*</td> <td style="text-align: center;">TBD</td> <td style="text-align: center;">TBD</td> <td style="text-align: center;">TBD</td> </tr> <tr> <td>HOPE YBHL</td> <td style="text-align: center;">5,417</td> <td style="text-align: center;">6,000</td> <td style="text-align: center;">6,200</td> <td style="text-align: center;">6,300</td> </tr> </tbody> </table>		FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	CBHL	*	TBD	TBD	TBD	HOPE YBHL	5,417	6,000	6,200	6,300
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.												
CBHL	*	TBD	TBD	TBD												
HOPE YBHL	5,417	6,000	6,200	6,300												
*FY 2025 CBHL data has not been reported but will be added by November 2025. Projections will be established once baseline data is available.																
2b. Provide a measure(s) of the program's quality.																
Number of referred individuals receiving services																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">FY 2025</th> <th style="width: 20%;">FY 2026 Proj.</th> <th style="width: 20%;">FY 2027 Proj.</th> <th style="width: 25%;">FY 2028 Proj.</th> </tr> </thead> <tbody> <tr> <td>CBHL</td> <td style="text-align: center;">*</td> <td style="text-align: center;">TBD</td> <td style="text-align: center;">TBD</td> <td style="text-align: center;">TBD</td> </tr> <tr> <td>HOPE YBHL</td> <td style="text-align: center;">4,235</td> <td style="text-align: center;">4,500</td> <td style="text-align: center;">4,500</td> <td style="text-align: center;">4,500</td> </tr> </tbody> </table>		FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	CBHL	*	TBD	TBD	TBD	HOPE YBHL	4,235	4,500	4,500	4,500
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.												
CBHL	*	TBD	TBD	TBD												
HOPE YBHL	4,235	4,500	4,500	4,500												
Number of individuals referred to a liaison that a liaison is able to connect with (e.g., CBHL/YBHL contact rate).																
*FY 2025 CBHL data has not been reported but will be added by November 2025. Projections will be added once baseline data is available.																
2c. Provide a measure(s) of the program's impact.																
Number of individuals connected to services																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">FY 2025</th> <th style="width: 20%;">FY 2026 Proj.</th> <th style="width: 20%;">FY 2027 Proj.</th> <th style="width: 25%;">FY 2028 Proj.</th> </tr> </thead> <tbody> <tr> <td>CBHL</td> <td style="text-align: center;">*</td> <td style="text-align: center;">TBD</td> <td style="text-align: center;">TBD</td> <td style="text-align: center;">TBD</td> </tr> <tr> <td>HOPE YBHL</td> <td style="text-align: center;">3,431</td> <td style="text-align: center;">3,500</td> <td style="text-align: center;">3,600</td> <td style="text-align: center;">3,600</td> </tr> </tbody> </table>		FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	CBHL	*	TBD	TBD	TBD	HOPE YBHL	3,431	3,500	3,600	3,600
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.												
CBHL	*	TBD	TBD	TBD												
HOPE YBHL	3,431	3,500	3,600	3,600												
*FY25 CBHL data has not been reported but will be added by November 2025. Projections will be added once baseline data is available.																

PROGRAM DESCRIPTION

Department of Health and Senior Services				AB Section(s): <u>10.1015</u>																										
Substance Use Disorder (SUD) Grants: DMH Community and Youth Services Liaisons																														
Program is found in the following core budget(s): Substance Use Disorder DMH Community and Youth Services Liaisons Grant																														
2d. Provide a measure(s) of the program's efficiency.																														
Average number of days from referral to attempted contact																														
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.																										
CBHL	*	TBD	TBD	TBD																										
HOPE YBHL	0.6	1	1	1																										
*FY 2025 CBHL data has not been reported but will be added by November 2025. Projections will be made once baseline data is available.																														
3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)																														
Program Expenditure History <table border="1" style="width: 100%; margin-top: 10px; font-size: x-small;"> <caption>Program Expenditure History Data (Estimated)</caption> <thead> <tr> <th>Fiscal Year</th> <th>GR</th> <th>FEDERAL</th> <th>OTHER</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>FY 23 Actual</td> <td>~100,000</td> <td>~100,000</td> <td>~100,000</td> <td>~300,000</td> </tr> <tr> <td>FY 24 Actual</td> <td>~100,000</td> <td>~100,000</td> <td>~100,000</td> <td>~300,000</td> </tr> <tr> <td>FY 25 Actual</td> <td>~100,000</td> <td>~100,000</td> <td>~100,000</td> <td>~300,000</td> </tr> <tr> <td>FY 26 Planned</td> <td>~1,825,325</td> <td>~1,825,325</td> <td>~1,825,325</td> <td>~5,475,975</td> </tr> </tbody> </table>						Fiscal Year	GR	FEDERAL	OTHER	TOTAL	FY 23 Actual	~100,000	~100,000	~100,000	~300,000	FY 24 Actual	~100,000	~100,000	~100,000	~300,000	FY 25 Actual	~100,000	~100,000	~100,000	~300,000	FY 26 Planned	~1,825,325	~1,825,325	~1,825,325	~5,475,975
Fiscal Year	GR	FEDERAL	OTHER	TOTAL																										
FY 23 Actual	~100,000	~100,000	~100,000	~300,000																										
FY 24 Actual	~100,000	~100,000	~100,000	~300,000																										
FY 25 Actual	~100,000	~100,000	~100,000	~300,000																										
FY 26 Planned	~1,825,325	~1,825,325	~1,825,325	~5,475,975																										
*This program began in FY 2025.																														
4. What are the sources of the "Other " funds? Health Reinvestment Fund (1640).																														
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Article XIV of the Missouri Constitution.																														
6. Are there federal matching requirements? If yes, please explain. Not applicable.																														
7. Is this a federally mandated program? If yes, please explain. Not applicable.																														

PROGRAM DESCRIPTION

Department of Health and Senior Services		AB Section(s): 10.1015		
Substance Use Disorder (SUD) Grants: DMH Peer Respite Services				
Program is found in the following core budget(s): Substance Use Disorder DMH Peer Respite Services Grant				
1a. What strategic priority does this program address? Expand access to services				
1b. What does this program do? The Division of Community and Public Health operates the Substance Use Disorder (SUD) Grant Program, which is funded through adult cannabis tax dollars deposited in the Veteran's Health and Community Reinvestment Fund. During the 2024 legislative session, the Missouri Legislature appropriated funding for the Department of Health and Senior Services to issue a grant to the Department of Mental Health (DMH) for peer respite services. Peer respite services use certified peer specialists to provide peer respite crisis stabilization to help people become and stay engaged in the substance use disorder recovery process and reduce the likelihood of relapse. Five centers in Missouri offer this short-term program. Services include providing community-based, non-clinical crisis support to individuals with SUD or a co-occurring mental health disorder.				
2a. Provide an activity measure(s) for the program.				
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Individuals served by certified peer specialists	1,198	1,250	1,300	1,300
2b. Provide a measure(s) of the program's quality.				
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Average duration of stay at respite center (days)	15	15	15	15
2c. Provide a measure(s) of the program's impact.				
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Number of participants connected to at least one service	837	850	850	850

PROGRAM DESCRIPTION

Department of Health and Senior Services **AB Section(s): 10.1015**

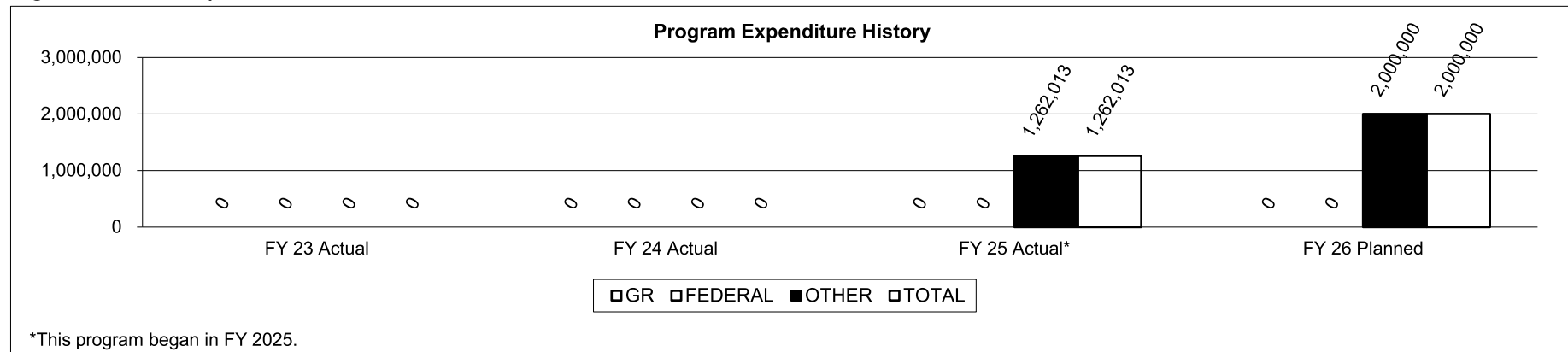
Substance Use Disorder (SUD) Grants: DMH Peer Respite Services

Program is found in the following core budget(s): Substance Use Disorder DMH Peer Respite Services Grant

2d. Provide a measure(s) of the program's efficiency.

	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Percent of participants unhoused before peer respite services	45%	47%	50%	50%
Percent of participants unhoused after peer respite services	6%	6%	5%	5%

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Reinvestment Fund (1640).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution.

6. Are there federal matching requirements? If yes, please explain.

Not applicable.

7. Is this a federally mandated program? If yes, please explain.

Not applicable.

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.1015</u>										
Substance Use Disorder (SUD) Grants: DMH Youth Alcohol Abuse Prevention											
Program is found in the following core budget(s): Substance Use Disorder DMH Alcohol Misuse Prevention Grant											
1a. What strategic priority does this program address? Expand access to services											
1b. What does this program do? The Division of Community and Public Health operates the Substance Use Disorder (SUD) Grant Program, which is funded through adult cannabis tax dollars deposited in the Veteran's Health and Community Reinvestment Fund. During the 2024 legislative session, the Missouri Legislature appropriated funding for the Department of Health and Senior Services to issue a grant in FY25 to the Department of Mental Health (DMH) for youth alcohol misuse prevention efforts. DMH youth substance use prevention activities include funding ten Prevention Resource Centers (PRCs) to facilitate the implementation of evidence-based programs and strategies aimed at preventing youth substance use, including alcohol, across the state. Activities include providing program materials and training; hosting special events such as town hall meetings or public speaking engagements, distributing media such as billboards, social media, and movie theater ads and other youth alcohol use prevention projects.											
2a. Provide an activity measure(s) for the program.											
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 35%;"></th> <th style="width: 15%;">FY 2025</th> <th style="width: 15%;">FY 2026 Proj.</th> <th style="width: 15%;">FY 2027 Proj.</th> <th style="width: 15%;">FY 2028 Proj.</th> </tr> <tr> <td>Number of participants participating in programming</td> <td>991</td> <td>1,500</td> <td>2,500</td> <td>3,500</td> </tr> </table>		FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	Number of participants participating in programming	991	1,500	2,500	3,500
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.							
Number of participants participating in programming	991	1,500	2,500	3,500							
2b. Provide a measure(s) of the program's quality.											
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 35%;"></th> <th style="width: 15%;">FY 2025</th> <th style="width: 15%;">FY 2026 Proj.</th> <th style="width: 15%;">FY 2027 Proj.</th> <th style="width: 15%;">FY 2028 Proj.</th> </tr> <tr> <td>% of participants satisfied with programming received</td> <td>97%</td> <td>98%</td> <td>98%</td> <td>98%</td> </tr> </table>		FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	% of participants satisfied with programming received	97%	98%	98%	98%
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.							
% of participants satisfied with programming received	97%	98%	98%	98%							
2c. Provide a measure(s) of the program's impact.											
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 35%;"></th> <th style="width: 15%;">FY 2024</th> <th style="width: 15%;">FY 2026 Proj.</th> <th style="width: 15%;">FY 2028 Proj.</th> <th style="width: 15%;">FY 2030 Proj.</th> </tr> <tr> <td>% of Missouri high school students who use alcohol</td> <td>10.10%</td> <td>10%</td> <td>9.80%</td> <td>9.70%</td> </tr> </table>		FY 2024	FY 2026 Proj.	FY 2028 Proj.	FY 2030 Proj.	% of Missouri high school students who use alcohol	10.10%	10%	9.80%	9.70%
	FY 2024	FY 2026 Proj.	FY 2028 Proj.	FY 2030 Proj.							
% of Missouri high school students who use alcohol	10.10%	10%	9.80%	9.70%							
Source: Missouri Department of Mental Health's Missouri Student Survey conducted every 2 years.											
2d. Provide a measure(s) of the program's efficiency.											
Number of Settings using EBP Programs											
	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.							
Schools	10	40	50	60							
Community-based Settings	11	50	60	70							

PROGRAM DESCRIPTION

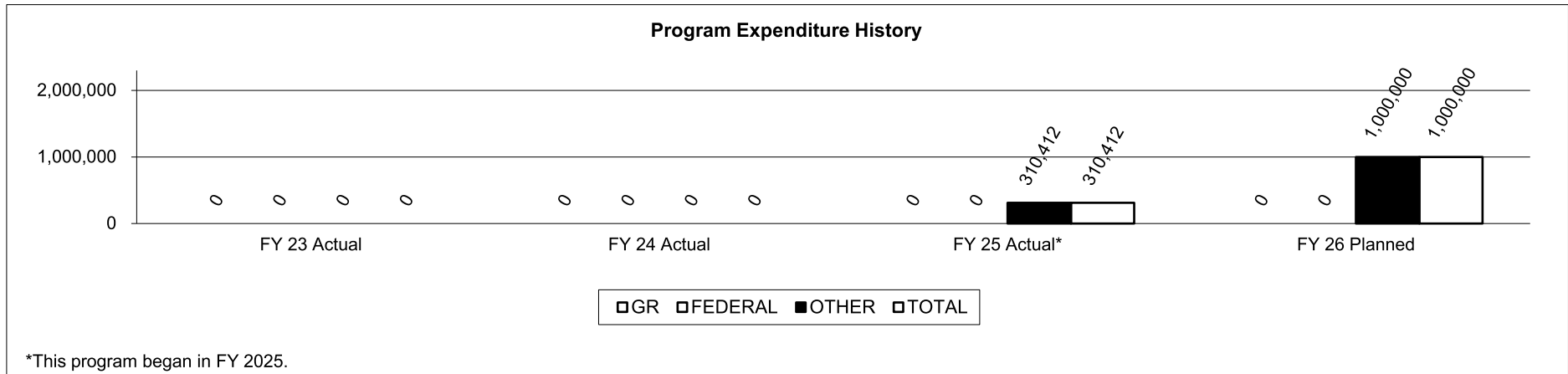
Department of Health and Senior Services

AB Section(s): 10.1015

Substance Use Disorder (SUD) Grants: DMH Youth Alcohol Abuse Prevention

Program is found in the following core budget(s): Substance Use Disorder DMH Alcohol Misuse Prevention Grant

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Reinvestment Fund (1640).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution.

6. Are there federal matching requirements? If yes, please explain.

Not applicable.

7. Is this a federally mandated program? If yes, please explain.

Not applicable.

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.1015</u>
Substance Use Disorder Grants - Recovery Support Services 1640	
Program is found in the following core budget(s): Substance Use Disorder Recovery Support Services Grant	
1a. What strategic priority does this program address? Expand Access to Services.	
1b. What does this program do? The Division of Community and Public Health operates the Substance Use Disorder (SUD) Grant Program, which is funded through adult cannabis tax dollars deposited in the Veteran's Health and Community Reinvestment Fund. During the 2025 legislative session, the Missouri Legislature appropriated funding for the Department of Health and Senior Services to issue a grant to the Department of Mental Health (DMH) for Recovery Support Services (RSSs) provided by DMH-certified programs that provide approved billable services, such as care coordination, recovery coaching, spiritual counseling, group and peer support, recovery housing and transportation in coordination with other SUD service providers. Services using these funds will begin in fiscal year 2026.	
2a. Provide an activity measure(s) for the program. The program will measure activity through the number of individuals served.	
2b. Provide a measure(s) of the program's quality. The program will measure quality through the number of participants who were satisfied with program services.	
2c. Provide a measure(s) of the program's impact. The program will measure impact through the number of participants who had a permanent place to live six months after program completion.	
2d. Provide a measure(s) of the program's efficiency. The program will measure efficiency through the number of days from initial contact to receipt of care.	

PROGRAM DESCRIPTION

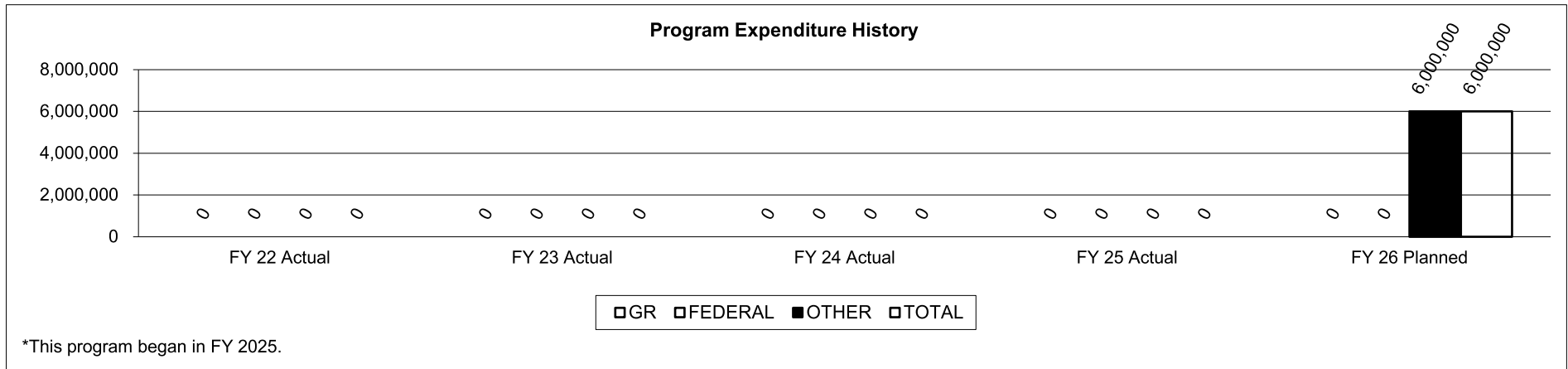
Department of Health and Senior Services

AB Section(s): 10.1015

Substance Use Disorder Grants - Recovery Support Services 1640

Program is found in the following core budget(s): Substance Use Disorder Recovery Support Services Grant

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Reinvestment Fund (1640).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.1015</u>
Substance Use Disorder Grants - Crisis and Open Access Utilization	
Program is found in the following core budget(s): Substance Use Disorder DMH Crisis and Open Access Utilization Grant	
1a. What strategic priority does this program address? Expand access to services	
1b. What does this program do? The Division of Community and Public Health operates the Substance Use Disorder (SUD) Grant Program, which is funded through adult cannabis tax dollars deposited in the Veteran's Health and Community Reinvestment Fund. During the 2025 legislative session, the Missouri Legislature appropriated funding for the Department of Health and Senior Services to issue a grant to Department of Mental Health (DMH) for crisis and open access services provided by DMH-certified SUD treatment programs to uninsured or underinsured Missourians seeking substance use treatment. Billable services may include outreach and engagement, medically-assisted treatment, laboratory and drug testing, intake and assessment, wraparound services, residential treatment services, and others. State fiscal year 2026 is the first year services will be provided through this funding.	
2a. Provide an activity measure(s) for the program. The program will measure activity through the number of uninsured or underinsured individuals served.	
2b. Provide a measure(s) of the program's quality. The program will measure quality through the number of participants who were satisfied with program services.	
2c. Provide a measure(s) of the program's impact. The program will measure impact through the percentage of discharged individuals with a reduction in substance use during treatment.	
2d. Provide a measure(s) of the program's efficiency. The program will measure efficiency through the number of days from initial contact to receipt of care.	

PROGRAM DESCRIPTION

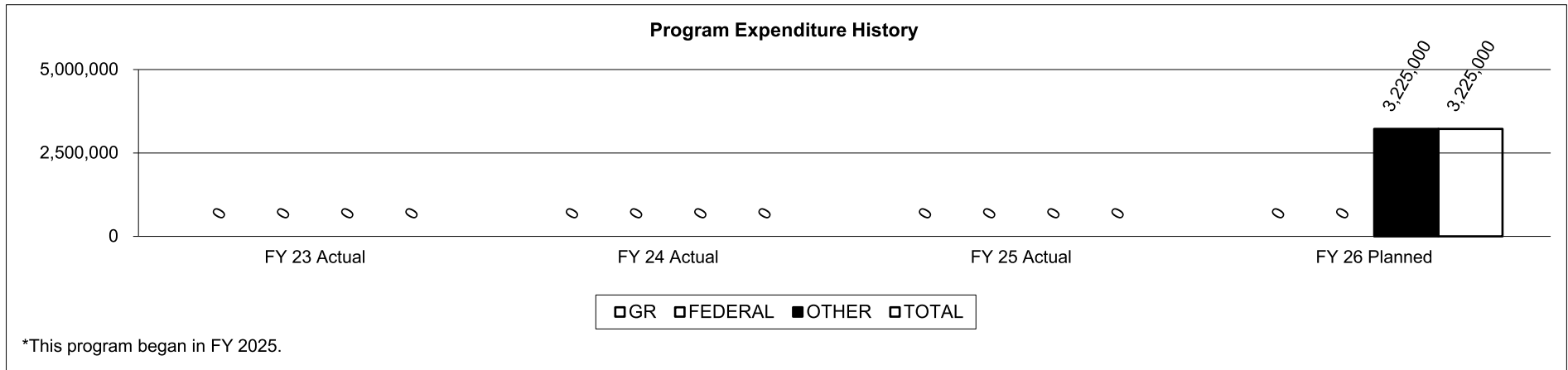
Department of Health and Senior Services

AB Section(s): 10.1015

Substance Use Disorder Grants - Crisis and Open Access Utilization

Program is found in the following core budget(s): Substance Use Disorder DMH Crisis and Open Access Utilization Grant

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Reinvestment Fund (1640).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.1020</u>																																			
Substance Use Disorder (SUD) Grants - Supreme Court																																				
Program is found in the following core budget(s): Substance Use Disorder (SUD) Supreme Court Grants																																				
1a. What strategic priority does this program address? Expand access to services 1b. What does this program do? The Division of Community and Public Health operates the Substance Use Disorder (SUD) Grant Program, which is funded through adult cannabis tax dollars deposited in the Veteran's Health and Community Reinvestment Fund. During the 2024 legislative session, the Missouri Legislature appropriated funding for the Department of Health and Senior Services to issue a grant to the Supreme Court to support programs focused on medication-assisted treatment for Missourians with substance use disorder. The program establishes Treatment Courts Coordinating Commission agreements with drug courts, DWI courts, Veteran's courts, mental health courts and other Missouri treatment courts. 2a. Provide an activity measure(s) for the program. The program will measure activity through the number of participants in a treatment court program for substance use disorder related to alcohol or opioid addiction. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%;">SFY 2025 Actual</th> <th style="width: 15%;">SFY 2026 Proj.</th> <th style="width: 15%;">SFY 2027 Proj.</th> <th style="width: 15%;">SFY 2028 Proj.</th> </tr> </thead> <tbody> <tr> <td>Number of Participants</td> <td style="text-align: center;">836</td> <td style="text-align: center;">1,500</td> <td style="text-align: center;">1,500</td> <td style="text-align: center;">1,500</td> </tr> </tbody> </table> 2b. Provide a measure(s) of the program's quality. The program will measure quality through the number of judicial circuits receiving medication-assisted treatment (MAT) awards. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%;">SFY 2025 Actual</th> <th style="width: 15%;">SFY 2026 Proj.</th> <th style="width: 15%;">SFY 2027 Proj.</th> <th style="width: 15%;">SFY 2028 Proj.</th> </tr> </thead> <tbody> <tr> <td>Number of MAT awards</td> <td style="text-align: center;">3</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </tbody> </table> 2c. Provide a measure(s) of the program's impact. The program will measure the impact by the number of participants who exited/completed a treatment court program, and the graduation rate of participants in a treatment court program. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%;">SFY 2025 Actual</th> <th style="width: 15%;">SFY 2026 Proj.</th> <th style="width: 15%;">SFY 2027 Proj.</th> <th style="width: 15%;">SFY 2028 Proj.</th> </tr> </thead> <tbody> <tr> <td>Number of program exits/ completions</td> <td style="text-align: center;">147</td> <td style="text-align: center;">225</td> <td style="text-align: center;">225</td> <td style="text-align: center;">225</td> </tr> <tr> <td>Participant graduation rate</td> <td style="text-align: center;">80%</td> <td style="text-align: center;">82%</td> <td style="text-align: center;">82%</td> <td style="text-align: center;">82%</td> </tr> </tbody> </table>			SFY 2025 Actual	SFY 2026 Proj.	SFY 2027 Proj.	SFY 2028 Proj.	Number of Participants	836	1,500	1,500	1,500		SFY 2025 Actual	SFY 2026 Proj.	SFY 2027 Proj.	SFY 2028 Proj.	Number of MAT awards	3	5	5	5		SFY 2025 Actual	SFY 2026 Proj.	SFY 2027 Proj.	SFY 2028 Proj.	Number of program exits/ completions	147	225	225	225	Participant graduation rate	80%	82%	82%	82%
	SFY 2025 Actual	SFY 2026 Proj.	SFY 2027 Proj.	SFY 2028 Proj.																																
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Number of program exits/ completions	147	225	225	225																																
Participant graduation rate	80%	82%	82%	82%																																

PROGRAM DESCRIPTION

Department of Health and Senior Services AB Section(s): 10.1020

Substance Use Disorder (SUD) Grants - Supreme Court

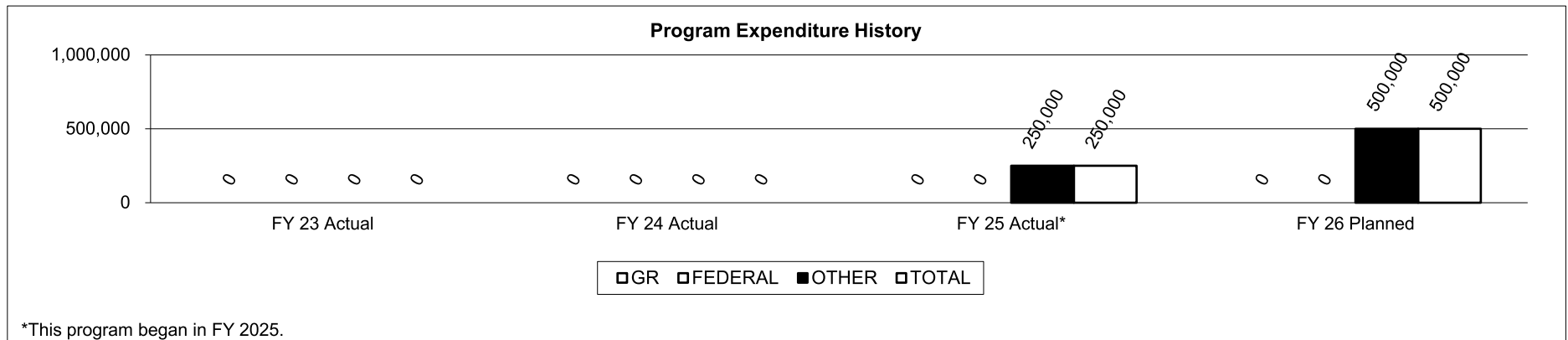
Program is found in the following core budget(s): Substance Use Disorder (SUD) Supreme Court Grants

2d. Provide a measure(s) of the program's efficiency.

The program will measure efficiency through the increase in access to effective treatment options by the number and list of counties served/reached.

	SFY 2025 Actual	SFY 2026 Proj.	SFY 2027 Proj.	SFY 2028 Proj.
Number of Counties Reached	6	9	9	9

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Reinvestment Fund (1640)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution

6. Are there federal matching requirements? If yes, please explain.

Not applicable.

7. Is this a federally mandated program? If yes, please explain.

Not applicable.

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.1025</u>
Substance Use Disorder (SUD) Grants - DESE	
Program is found in the following core budget(s): Substance Use Disorder (SUD) DESE Grants	
1a. What strategic priority does this program address? Expand access to services	
1b. What does this program do? The Division of Community and Public Health operates the Substance Use Disorder (SUD) Grant Program, which is funded through adult cannabis tax dollars deposited in the Veteran's Health and Community Reinvestment Fund. The Missouri Legislature appropriated funding starting in fiscal year 2025 for the Department of Health and Senior Services (DHSS) to issue a grant to the Department of Elementary and Secondary Education (DESE) for drug abuse resistance education materials and programming. DESE initiatives supported through the SUD Grant Program include drug abuse resistance education programming for school drug awareness including cannabis initiatives for youth.	
2a. Provide an activity measure(s) for the program. The program will measure activity through the number of students receiving drug abuse resistance education materials and programming. This was measured as 15,000 students for state fiscal year 2025.	
2b. Provide a measure(s) of the program's quality. The program's quality will be measured through participant satisfaction rates. The satisfaction rate for state fiscal year 2025 was 95 percent.	
2c. Provide a measure(s) of the program's impact. The program will measure impact through the increase in knowledge of the youth program participants via pre- and post-tests.	
2d. Provide a measure(s) of the program's efficiency. The program will measure program efficiency through the number of law enforcement officers trained and the number of training certificates issued to them. 136 law enforcement officers were trained in state fiscal year 2025.	

PROGRAM DESCRIPTION

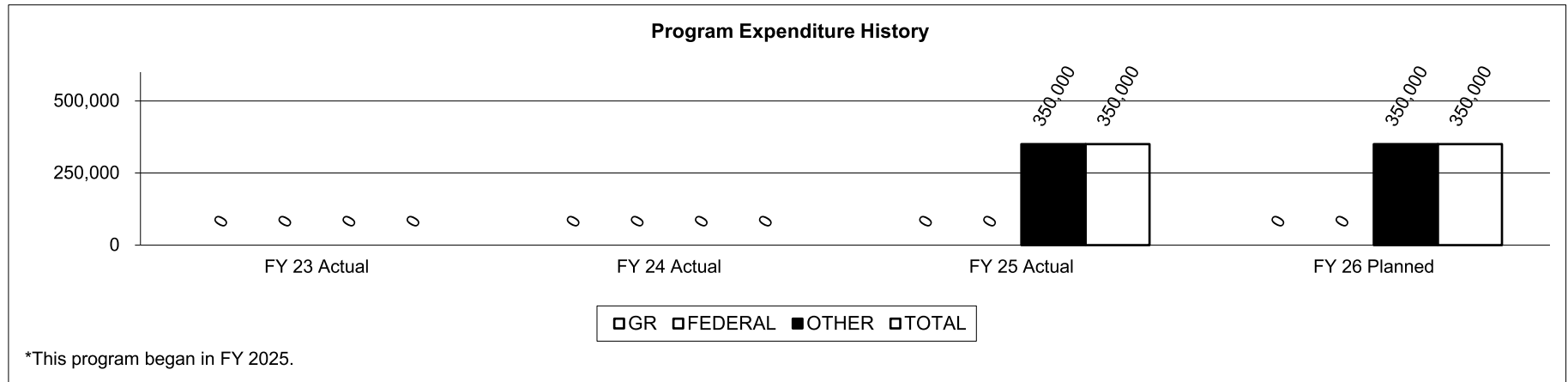
Department of Health and Senior Services

AB Section(s): 10.1025

Substance Use Disorder (SUD) Grants - DESE

Program is found in the following core budget(s): Substance Use Disorder (SUD) DESE Grants

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Reinvestment Fund (1640)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution

6. Are there federal matching requirements? If yes, please explain.

Not applicable.

7. Is this a federally mandated program? If yes, please explain.

Not applicable.

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.715</u>
Tobacco Addiction Prevention	
Program is found in the following core budget(s): Tobacco Addiction Prevention	
1a. What strategic priority does this program address? Expand access to services, Building and strengthening partnerships	
1b. What does this program do? Tobacco Addiction Prevention initiatives include the implementation of evidence-based interventions to prevent and reduce youth tobacco use. The initiatives are accomplished through promoting and coordinating programs and activities with state and local health advocates, associations, schools and universities. Initiative activities include: • Providing training and technical assistance services to schools and other stakeholders on evidence-based strategies to prevent and reduce tobacco use, including a school youth vaping community of practice. • Providing education and awareness activities to a variety of stakeholders, including parents, teachers, and the public, on the harms of youth tobacco use, access, and exposure.	
2a. Provide an activity measure(s) for the program. The program's activity will be measured by the number of schools receiving training and technical assistance. Baseline data will be available in June 2026.	
2b. Provide a measure(s) of the program's quality. The program's quality will be measured by the satisfaction rate of schools receiving services. Baseline data will be available in June 2026.	
2c. Provide a measure(s) of the program's impact. The program's impact will be measured by the number of new or enhanced tobacco-free school policies implemented, including offering and promoting cessation services for youth and school personnel, and the percentage of high school students using electronic cigarettes. Baseline data will be available in June 2026.	
2d. Provide a measure(s) of the program's efficiency. The program's efficiency will be measured by the completion rate of schools participating in the school youth vaping community of practice. Baseline data will be available in June 2026.	

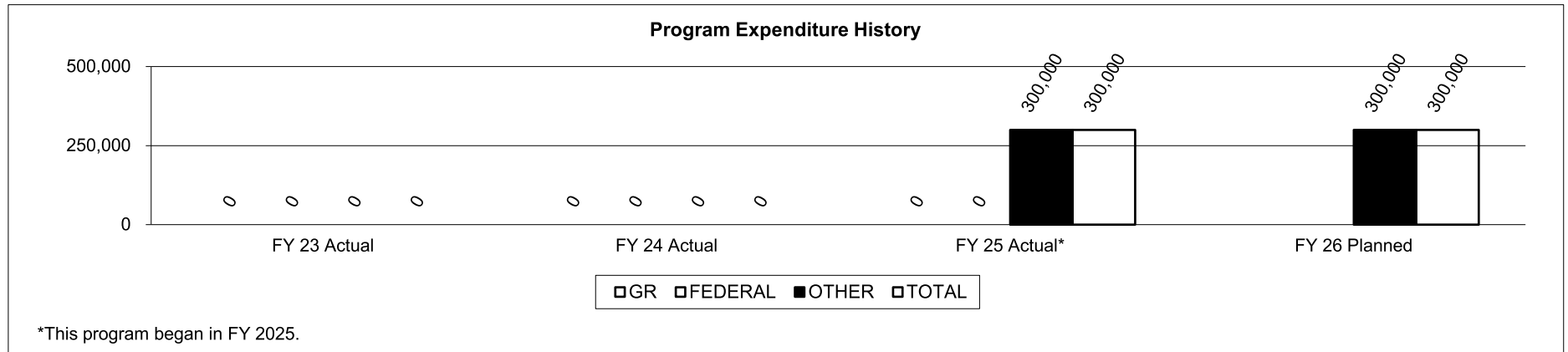
PROGRAM DESCRIPTION

Department of Health and Senior Services AB Section(s): 10.715

Tobacco Addiction Prevention

Program is found in the following core budget(s): Tobacco Addiction Prevention

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*



4. What are the sources of the "Other " funds?

Healthy Families Trust Fund (1625)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Not applicable.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Department of Health and Senior Services				AB Section(s): <u>10.720</u>		
Tobacco Cessation						
Program is found in the following core budget(s): Tobacco Cessation						
1a. What strategic priority does this program address? Expand access to services						
1b. What does this program do? The Tobacco Cessation Initiatives program implements evidence-based interventions to reduce tobacco use through Missouri Tobacco Quit Services. Missouri Tobacco Quit Services offers 24/7 free and confidential tools to help individuals quit nicotine (cigarettes, vapes, or chewing tobacco). These tools include phone and online coaching programs and nicotine replacement therapies for eligible individuals. This funding supports the department's vendor contract for Missouri Tobacco Quit Services.						
2a. Provide an activity measure(s) for the program.						
Medicaid Members Enrolled in Tobacco Quit Services						
	FY 2023	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Total Number of People Enrolled						
Total Number Enrolled	791	1,265	990	1,200	1,500	1,500
Type of Service Received						
Behavioral Health Program	691	750	354	400	450	500
Pregnant Women Program	22	25	7	10	12	15
Nicotine Replacement Therapy (boxes)	1,759	1,750	834	900	925	950
All Calls (including requests for information and services)						
All calls	8,543	10,441	10,230	10,500	10,500	10,500

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.720</u>										
Tobacco Cessation											
Program is found in the following core budget(s): <u>Tobacco Cessation</u>											
2b. Provide a measure(s) of the program's quality.											
Satisfaction with Missouri Tobacco Quit Services - Would Recommend to Others <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Satisfaction Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Satisfaction Rate</th> </tr> </thead> <tbody> <tr> <td>FY 2024 Proj.</td> <td>93%</td> </tr> <tr> <td>FY 2025 Proj.</td> <td>93%</td> </tr> <tr> <td>FY 2026 Proj.</td> <td>93%</td> </tr> <tr> <td>FY 2027 Proj.</td> <td>93%</td> </tr> </tbody> </table> — Base Target (95 percent) Stretch Target (98 percent) Quit Services evaluations have been conducted over a two year timeframe and reported out on even years. Satisfaction rates reflect surveys of standard call program participants, which includes five coaching calls and four weeks of nicotine replacement therapy for eligible callers. The Quit Services contract was awarded to a new vendor 1/1/2024. The next evaluation data will be available in December 2025.		Fiscal Year	Satisfaction Rate	FY 2024 Proj.	93%	FY 2025 Proj.	93%	FY 2026 Proj.	93%	FY 2027 Proj.	93%
Fiscal Year	Satisfaction Rate										
FY 2024 Proj.	93%										
FY 2025 Proj.	93%										
FY 2026 Proj.	93%										
FY 2027 Proj.	93%										
2c. Provide a measure(s) of the program's impact.											
The percent of Missouri Medicaid members participating in the multiple-call program who were quit seven months after receiving treatment. *DHSS awarded the Quit Services contract to a new vendor on 1/1/2024. The Quit Services evaluation was conducted every two years until calendar year 2024, when DHSS rebid the contract with a requirement of an annual evaluation. New data will be available in December 2025.											
2d. Provide a measure(s) of the program's efficiency.											
The amount of time it takes to screen and register Missouri Tobacco Quit Services callers for services. *DHSS awarded the Quit Services contract to a new vendor on 1/1/2024. The Quit Services evaluation was conducted every two years until calendar year 2024, when DHSS rebid the contract with a requirement of an annual evaluation. New data will be available in December 2025.											

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.720</u>
Tobacco Cessation	
Program is found in the following core budget(s): Tobacco Cessation	
3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)	

Program Expenditure History

Fiscal Year	GR	FEDERAL	OTHER	TOTAL
FY 23 Actual	0	0	0	0
FY 24 Actual	0	0	0	0
FY 25 Actual*	51,375	38,845	0	96,220
FY 26 Planned	100,000	100,000	2,300,000	2,500,000

*This program began in FY 2025.

4. What are the sources of the "Other " funds? Health Reinvestment Fund (1640)	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Section 1903(a)(7) of the Social Security Act, 42 CFR 433.15(b) (7), Missouri Comprehensive Tobacco Control Program: Public Health Service Act 301, 307, 310, 311, Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986. Center on Drugs and Public Policy Program: PART A, TITLE XIX, PHS Act, as amended. P.L. 110-161.	
6. Are there federal matching requirements? If yes, please explain. Not applicable.	
7. Is this a federally mandated program? If yes, please explain. Not applicable.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.725</u>																				
Community and Public Health Administration																					
Program is found in the following core budget(s): Community and Public Health Administration																					
1a. What strategic priority does this program address? Invest in innovation to modernize infrastructure, Re-envision and strengthen workforce, Build and strengthen partnerships, Use clear and concise communication to educate and build trust and Expand access to services 1b. What does this program do? This program provides leadership, oversight, and general supervision for the Division staff and programs/initiatives in accordance with the mission, goals, and values of the Department, and ensures compliance with state and federal laws and regulations. - Reviewing and approving budget requests, grant applications, contracts, purchase requests for goods and services, personnel actions, publications, and correspondence with contractors, consumers, other external partners and stakeholders. - Assistance with policy development, personnel and human resource management, coordination between programs and OA-ITSD for maintenance and implementation of public health information systems, strategic planning, and assurance of effective and efficient programs. - Providing and coordinating responses to a variety of requests, including fiscal notes, sunshine requests, legislative requests, internal operation requests, and general public inquiries.																					
2a. Provide an activity measure(s) for the program. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">FY 2025 Services Provided by Division of Community and Public Health (DCPH)</th> </tr> <tr> <th colspan="4" style="text-align: center;">Director's Office in Support of Programmatic Functions</th> </tr> <tr> <td style="width: 33%;">Invoices Processed</td> <td style="width: 16.5%; text-align: center;">20,956</td> <td style="width: 33%;">Contracts Processed</td> <td style="width: 16.5%; text-align: center;">3,350</td> </tr> <tr> <td>Purchase Orders Processed</td> <td style="text-align: center;">2,925</td> <td>Fiscal Note Responses</td> <td style="text-align: center;">734</td> </tr> <tr> <td>Grants Managed</td> <td style="text-align: center;">155</td> <td></td> <td></td> </tr> </table>		FY 2025 Services Provided by Division of Community and Public Health (DCPH)				Director's Office in Support of Programmatic Functions				Invoices Processed	20,956	Contracts Processed	3,350	Purchase Orders Processed	2,925	Fiscal Note Responses	734	Grants Managed	155		
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PROGRAM DESCRIPTION

Health and Senior Services

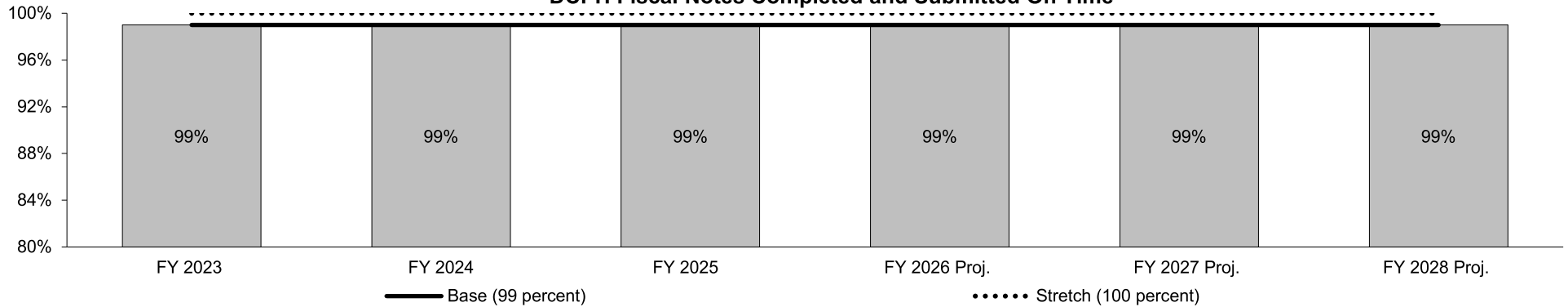
AB Section(s): 10.725

Community and Public Health Administration

Program is found in the following core budget(s): Community and Public Health Administration

2b. Provide a measure(s) of the program's quality.

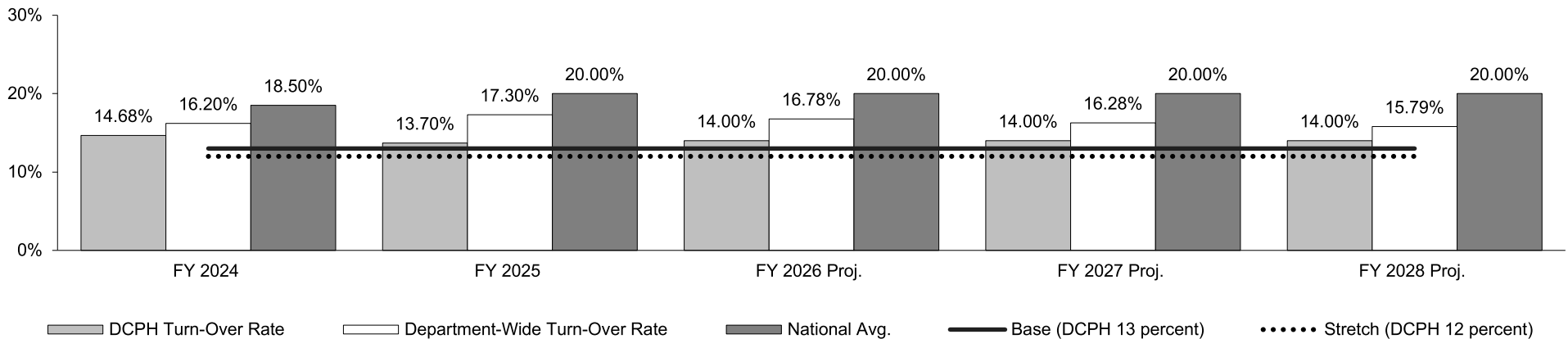
DCPH Fiscal Notes Completed and Submitted On Time



Total number of fiscal notes DCPH received: 2023=664, 2024 = 565, 2025 = 734. In order for a fiscal note to meet the definition of "on time" it must be completed and submitted by the due date established by DHSS Admin. Previous goal of 98 percent completion percentage increased once met.

2c. Provide a measure(s) of the program's impact.

Employee Turnover Rate for DCPH



National Average data is from Bureau of Labor and Statistics and reflects the average for State and Local Governments (excluding education).

PROGRAM DESCRIPTION

Health and Senior Services

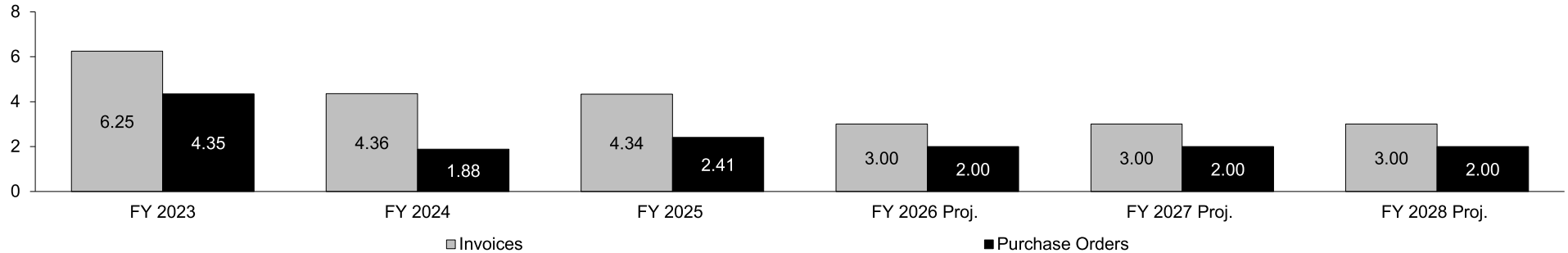
AB Section(s): 10.725

Community and Public Health Administration

Program is found in the following core budget(s): Community and Public Health Administration

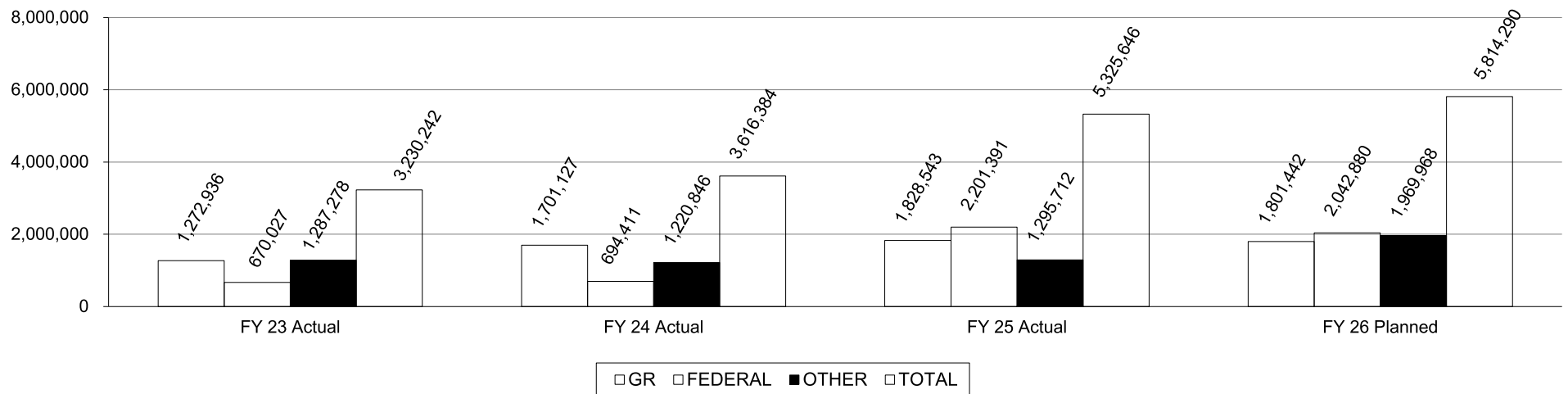
2d. Provide a measure(s) of the program's efficiency.

DCPH Purchase Order and Invoice Processing Times (Days)



3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History



PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.725</u>
Community and Public Health Administration	
Program is found in the following core budget(s): Community and Public Health Administration	
4. What are the sources of the "Other " funds? Health Initiatives Fund (1275), Missouri Public Health Services Fund (1298) and Department of Health Donated Fund (1658).	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Provisions from multiple chapters of state statute and federal laws are applicable to the operations of the Division of Community and Public Health. State and federal authority for specific activities are included on the Division's program description pages.	
6. Are there federal matching requirements? If yes, please explain. Programs within the Division receive approximately 80 percent of their funding through federal sources. The federal funding sources received by the Division that require match and the amount of state match required by each are: Cancer Grant: Cancer Registry (25 percent), Cancer Grant: Breast and Cervical Screening (25 percent), Maternal and Child Health Block Grant (43 percent), Public Health Emergency Preparedness and Hospital Preparedness Program (10 percent), Radon (40 percent), Ryan White Part B (33 percent), Title XIX (25 percent to 35 percent), Traumatic Brain Injury Grant (33 percent), and WISEWOMAN (25 percent). The federal funding and the required matching funds are found throughout the Division of Community and Public Health, the Department, and in some instances other state agencies. The programs that utilize the funding have noted the federal matching requirements within their specific program description.	
7. Is this a federally mandated program? If yes, please explain. The federal mandate for specific activities is included on Division program description pages.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.730</u>
Emergency Preparedness and Response	
Program is found in the following core budget(s): Emergency Preparedness and Response	
1a. What strategic priority does this program address? Invest in innovation to modernize infrastructure, Build and strengthen partnerships and Use clear and concise communication to educate and build trust. 1b. What does this program do? This program manages public health and healthcare emergency planning and response activities in order to prepare public health and healthcare providers to protect the health and safety of citizens when emergencies arise. Activities include the following: <u>Mitigation</u> • Ensuring an all-hazard response plan is current and operational for public health and medical surge incidents. • Establishing and enhancing regional healthcare coalitions to bring together hospitals, local public health agencies, emergency medical services, and local emergency management agencies to create relationships and collaborative emergency plans that allow regional information sharing and resource coordination during disasters and medical surge events. • Ensuring the regional healthcare coalitions and local public health agencies (LPHAs) are actively engaged in jurisdictional risk assessments, emergency planning efforts, and Training and Exercise Planning Workshops. • Ensuring an After Action Report is completed at the end of every incident and exercise to identify strengths and areas for improvement. • Serving as statewide healthcare communications and information sharing hub. • Maintaining 24/7 contact information for all public health response teams and partners. • Conducting regular communication drills to assure systems are operable at all times. <u>Preparedness</u> • Providing technical assistance and administrative support to the regional healthcare coalitions and LPHAs to assure readiness to respond to emergencies. • Maintaining the mandated Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), also known as Show-Me Response in Missouri. • Maintaining the Missouri Rapid Response Team (MRRT) for Food and Feed for all-hazards response capabilities to respond to food and feed contamination, outbreaks, and terrorism and tampering incidents • Assisting deployment readiness of the state's mobile medical unit, Disaster Medical Assistance (MO DMAT-1), and Mortuary Response (MOMORT) teams, and resources for assistance with emerging or ongoing infectious disease outbreaks and other emergencies. • Pre-identifying public health response teams who can respond at a moment's notice. • Providing all-hazard response training to public health responders. • Providing radiological response training to first responders including: Fire, EMS, Law Enforcement, LPHAs and hospitals.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.730</u>
Emergency Preparedness and Response	
Program is found in the following core budget(s): Emergency Preparedness and Response	
1b. What does this program do? (continued)	
<u>Response</u> • Assisting public health and medical partners, including regional healthcare coalitions, with information sharing, resource coordination, and requests for state-maintained assets such as PPE and ventilators in response to an emergency incident. • Maintaining redundant communication modes to avoid isolation of disaster affected areas. • Leveraging personnel, resources and expertise through the MRRT identify and eliminate sources of food and feed contamination in an emergency. • Utilizing the Missouri Health Notification System to distribute situational awareness information to local, state, and federal partners. This ensures pertinent and timely medical information is distributed, as needed, to medical practitioners. • Increasing monitoring of health care facilities' operational status (includes hospitals, dialysis centers and long-term care facilities among others). • Inspecting high level radiological material shipments through Missouri, track and review low level radiological waste shipments through Missouri. • Participating in FEMA evaluated exercises for the two nuclear power plants that impact Missouri and the offsite response organizations related to those nuclear power plants.	
<u>Recovery</u> • Coordinating with local, state, and federal partners for return to pre-emergency incident levels or better for all ESF-8 (National Response Framework Designation) partners and services. • Working through the MRRT to assist impacted businesses in identifying food and feed contamination sources so contamination and outbreaks can be stopped sooner and not repeated in the future. • Restoring or replacing all deployed, state-level ESF-8 resources.	

PROGRAM DESCRIPTION

Health and Senior Services					AB Section(s): <u>10.730</u>	
Emergency Preparedness and Response						
Program is found in the following core budget(s): <u>Emergency Preparedness and Response</u>						
2a. Provide an activity measure(s) for the program.						
Missouri Health Network System (MO-HNS) Communications						
	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.
Alerts/Advisory/Guidance Issued	32*	30	23	13	20	20
Registered Users	5,927	6,076	5,336	5,745	5,800	5,800
*11 out of 32 were related to COVID-19 (FY 2022).						
FEMA Evaluated Exercises (Radiological)						
FY 2023	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	
4	4	4	4	4	4	
High Level Radiological Shipments						
FY 2023	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	
20	20	22	20	20	20	
2a. Provide an activity measure(s) for the program. (continued)						
Low Level Waste Shipments Reviewed						
FY 2023	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	
425	425	434	425	425	425	
Notification Drills Conducted						
FY 2023	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	
30	28	28	28	28	28	
Drills are conducted for Strategic National Stockpile Team, Radiological Response Team, Local Public Health Agency Administrators, BioWatch Advisory Committee, Medical Incident Coordination Team, MO Mutual Aid Coordinators, and DHSS Emergency Response Center Teams.						
Public Health Emergency Hotline Calls Received/Handled						
FY 2023	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	
1,564	1,307	1,952	2,000	2,000	2,000	
DHSS Disaster and Emergency Planning Unique Webpage Hits						
FY 2023	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	
40,423	34,500	40,054	50,000	50,000	50,000	

PROGRAM DESCRIPTION

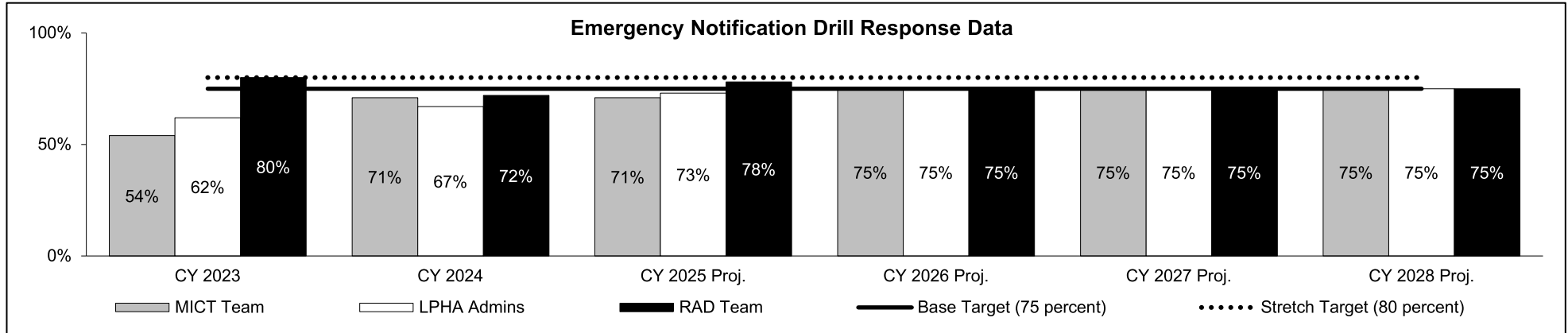
Health and Senior Services

AB Section(s): 10.730

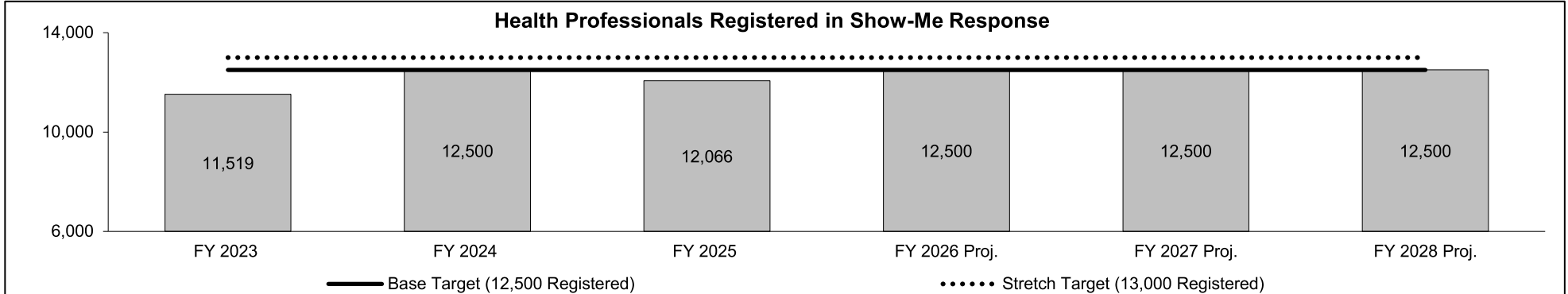
Emergency Preparedness and Response

Program is found in the following core budget(s): Emergency Preparedness and Response

2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



Show-Me Response is Missouri's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). This registry is a robust and well-functioning database representing RNs, physicians, and other professionals who may be contacted immediately to serve in the event of an emergency. Maintenance of the registry includes annual confirmation of a current Missouri license and willingness to serve. A registry of this type is a requirement of the Public Health Emergency Preparedness Cooperative Agreement and is critical to access healthcare professionals to support citizens during public health emergencies.

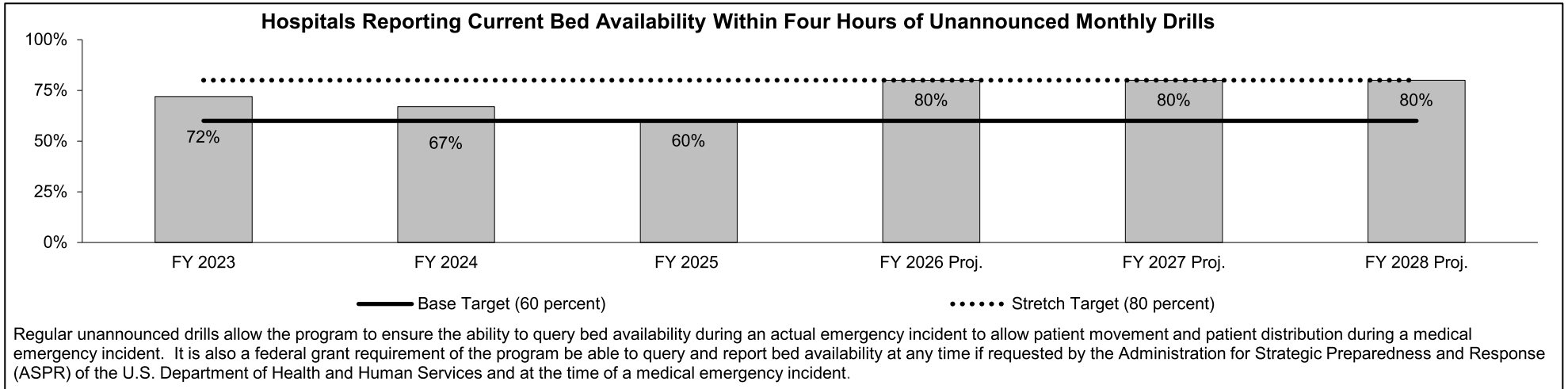
PROGRAM DESCRIPTION

Health and Senior Services

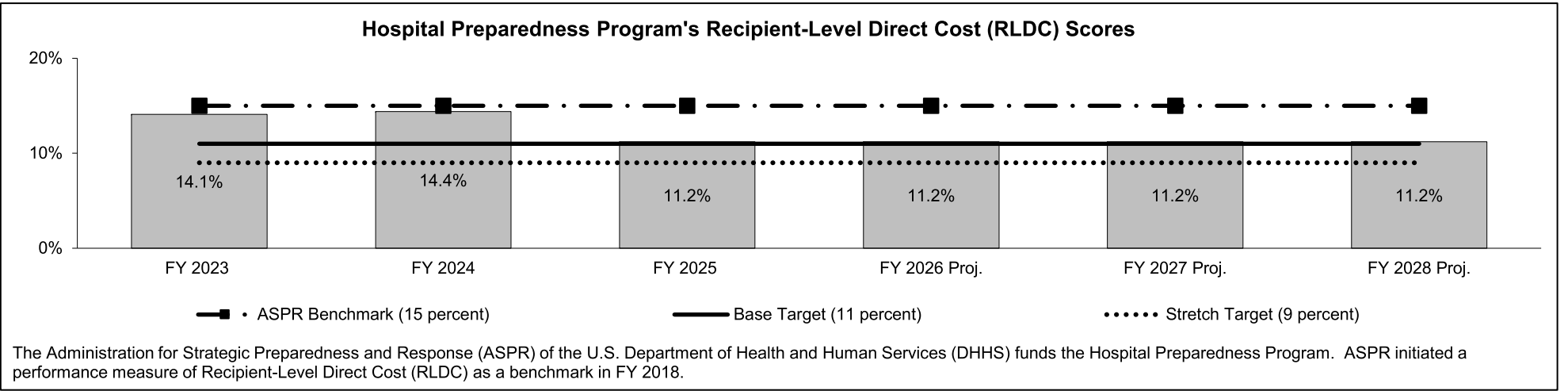
AB Section(s): 10.730

Emergency Preparedness and Response

Program is found in the following core budget(s): Emergency Preparedness and Response



2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

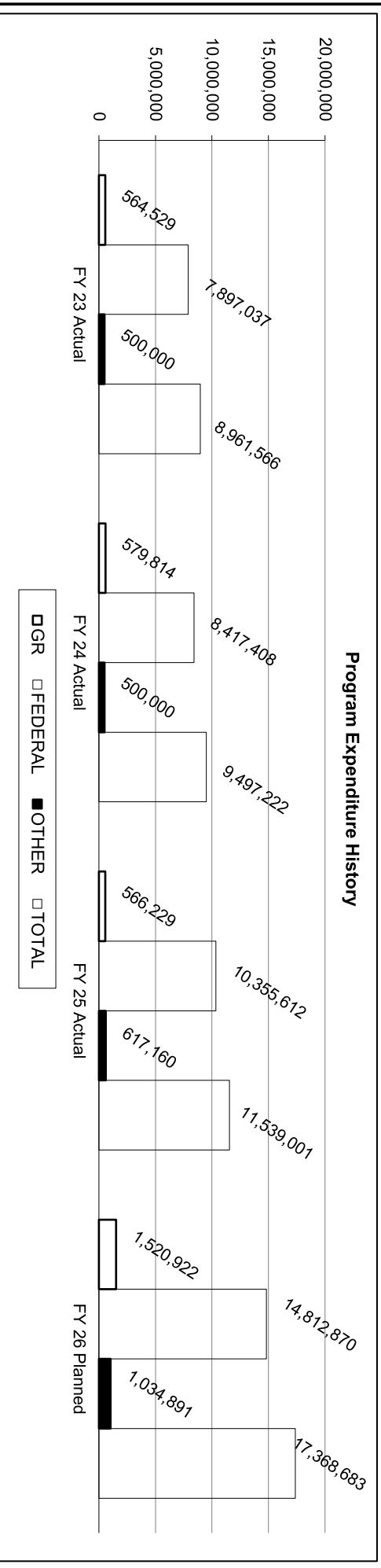
Health and Senior Services

AB Section(s): 10.730

Emergency Preparedness and Response

Program is found in the following core budget(s): Emergency Preparedness and Response

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Missouri Public Health Services Fund (1298), Insurance Dedicated Fund (1566), and Environmental Radiation Monitoring Fund (1656).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

319C-1 and 319C-2 of the Public Health Service (PHS) Act; FEMA-REP-1 NUREG 0654.

6. Are there federal matching requirements? If yes, please explain.

Yes, the required match is ten percent of federal funds awarded.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.735</u>
Environmental Public Health	
Program is found in the following core budget(s): Environmental Public Health	
1a. What strategic priority does this program address? Build and strengthen partnerships, Use clear and concise communication to educate and build trust and Expand access to services.	
1b. What does this program do? This program works to reduce the risk of illness, injury, and death related to environmental causes by assessing and promoting the reduction of chemicals in the environment and implementing and assuring sanitation and safety practices, which protect and promote overall wellness and increase positive health outcomes for Missourians. Activities include:	
A. Tracking and responding to environmental emergencies and emerging diseases (such as MPOX or legionella), foodborne illness outbreaks, food recalls, emergency preparedness planning, transportation accidents involving food, natural disasters, and environmental and medical follow up for children with elevated blood lead levels. B. Providing training and technical assistance to local public health agencies (LPHAs) and industry: technical assistance for first responders and community partners, safe food handling, sanitation and safety requirements for child care facilities, lodging establishments, legionella water management plans, childhood lead poisoning, and onsite wastewater treatment systems (OWTSs); C. Issuing permits and licenses: construction permits for onsite wastewater treatment systems (OWTSs), registering OWTS installers, soil evaluators, and inspectors, licensing lodging establishments, accrediting lead abatement training programs, and licensing lead abatement professionals and contractors; D. Inspecting regulated facilities and environmental sites: food establishments, food manufacturing/processing plants, child care facilities, summer food sites, lodging establishments, healthcare facility legionellosis, OWTS construction projects, and lead abatement projects; E. Conducting assessment and surveillance of environmental public health issues (hazardous substance exposure risks, appropriate clean up level determination), collecting, integrating, and analyzing data on health effects related to environmental health hazards (algal blooms, recreational water, heat and cold related deaths, carbon monoxide deaths), providing epidemiology studies, and assuring at-risk children are tested for lead poisoning; F. Providing environmental health education to the general public: hazardous substance exposures and conditions, waste sites, sampling of residential drinking wells, radon kits, indoor air quality and other indoor environmental issues, proper food handling, proper care of OWTSs, lead-safe work practices, annual fish consumption advisory, and blood lead testing; G. Responding to citizen concerns and complaints: bedbugs, food service, lodging, child-care complaints, and lead contamination exposures; H. Supporting schools with compliance assistance concerning the Get the Lead Out of Schools Drinking Water Act.	

PROGRAM DESCRIPTION

Health and Senior Services

Environmental Public Health

Program is found in the following core budget(s): Environmental Public Health

2a. Provide an activity measure(s) for the program. (Footnotes A,B,C,D,E,F,G,H correspond to lettered activities in question 1b.)

Program Activities for the Time Period for:	FY 2023	FY 2024	FY 2025
Lodging facility licenses issued (new + annual renewal) ^{C,D,G}	1,478	1,454	1,468
Legionella investigations ^{B,D,E,G}	31	28	42
Environmental health LPHA training attendees (online)	Started FY24	766	1,463
Environmental child care inspections completed by LPHAs or DHSS ^{B,D,G}	3,801	3,842	3,898*
Citizens provided information and assistance at outreach events ^{F,G}	4,358	4,520	3,670
Onsite waste water construction permit applications processed ^{C, D}	271	223	227
Onsite waste water professionals trained by DHSS ^B	530	559	462
Food recall activities ^{G,G}	354	398	370
Distressed food/emergency response events ^{A, D}	145	130	158
Food safety inspections at Summer Feeding/At-Risk Sites ^{B, D, G}	597	420	439*
Food safety inspections at the Missouri State Fair ^{B, D, G}	433	448	449
Food manufacturing facility inspections ^{D,G}	868	742	725
Food samples collected for laboratory analysis ^{D, G}	473	1,715	1,535
Lead abatement projects inspected ^D	347	247	175
Lead abatement professionals/contractors licensed ^C	568	674	551
Radon kits provided to Missouri citizens ^{E,F}	4,043	4,031	3,951
Classrooms in schools tested for radon ^{E,F}	168	206	234
Fish Consumption Advisory Web hits ^F	2,433	1,983	1,817**
Environmental Public Health Tracking Network Web hits ^F	53,350	31,130**	51,430**
Environmental risk assessment and medical referral for lead poisoned children ^{E,F,G}	4,316	11,647	4,190*
Blood lead poisoning surveillance (children less than age six tested for lead) ^{E,F,G}	64,536	74,152	43,450*
Private drinking water wells sampled ^{E,F,G}	144	363	381
*Provisional data. Data should be finalized by December 2025.			
** Does not include hits on new story map and dashboard pages.			

PROGRAM DESCRIPTION

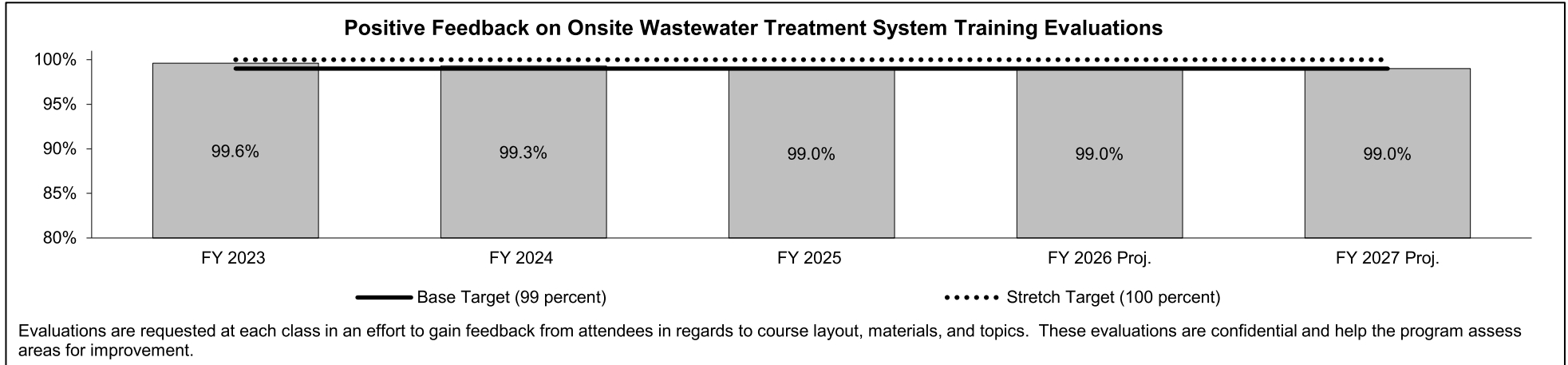
Health and Senior Services

AB Section(s): 10.735

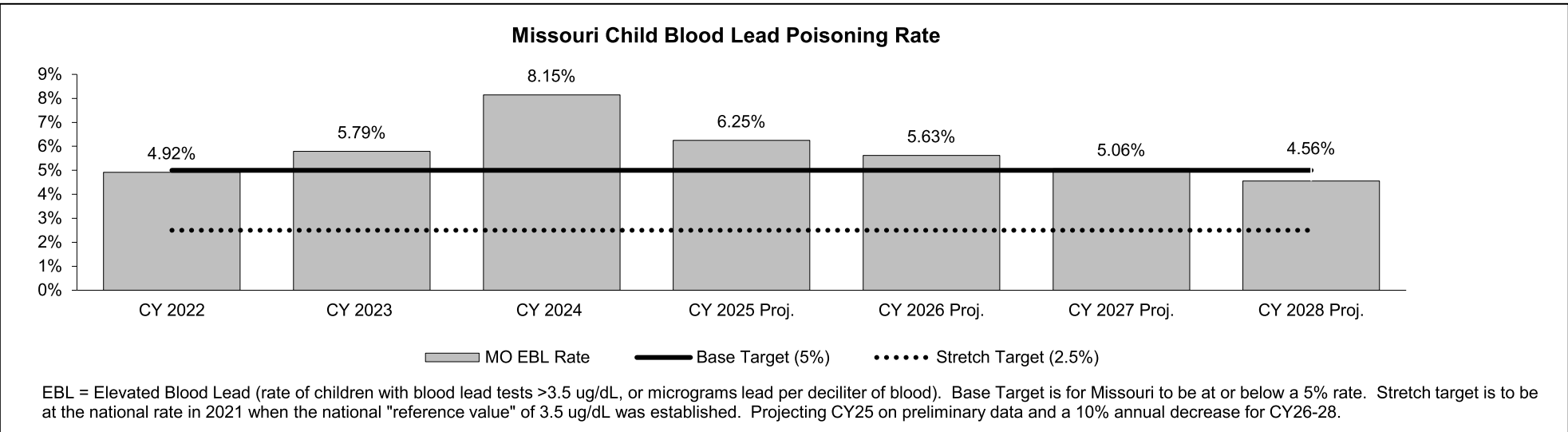
Environmental Public Health

Program is found in the following core budget(s): Environmental Public Health

2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

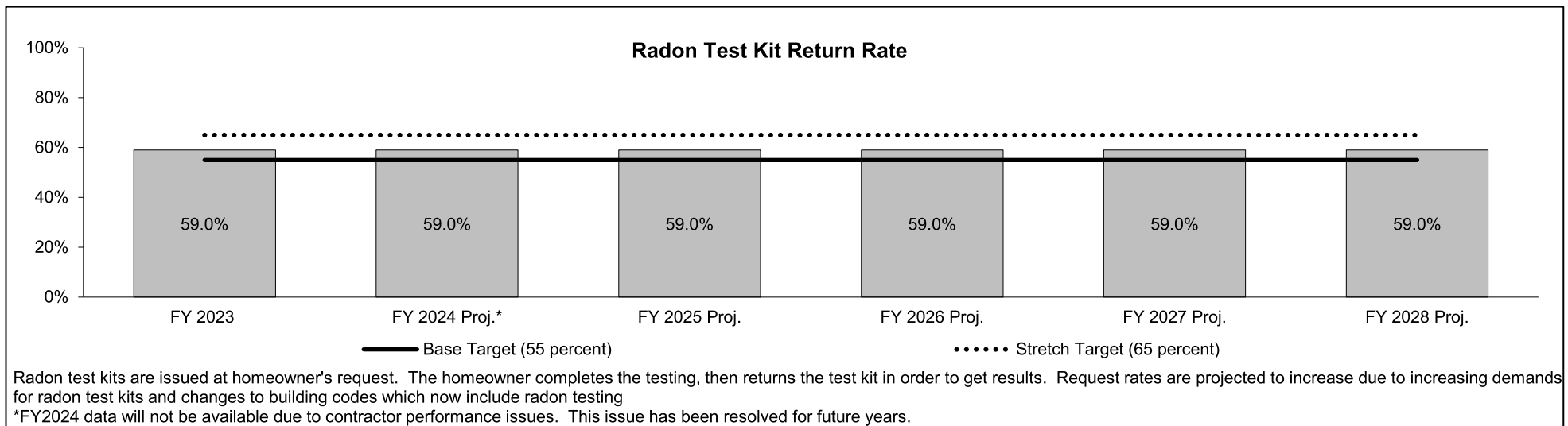
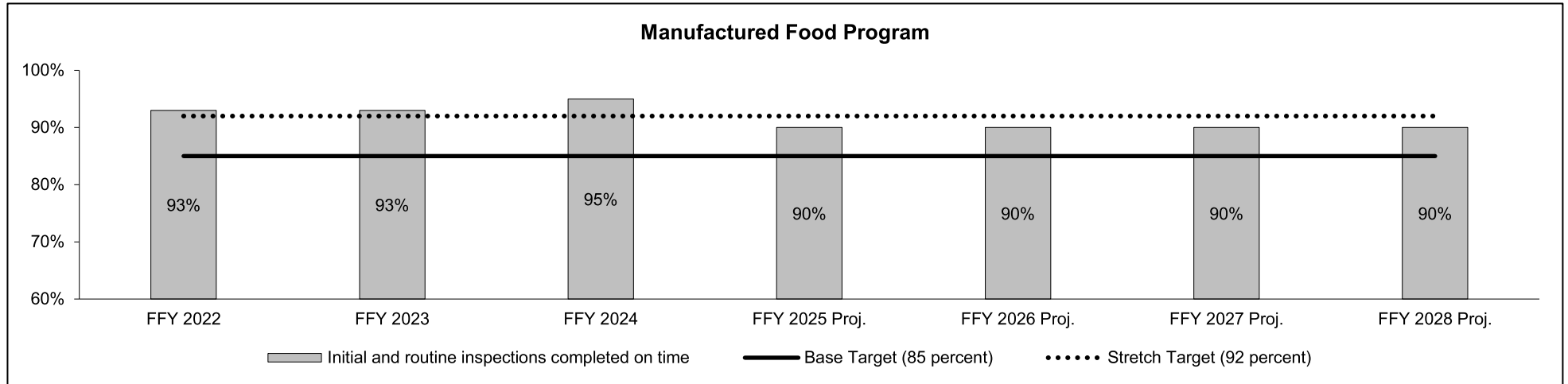
Health and Senior Services

AB Section(s): 10.735

Environmental Public Health

Program is found in the following core budget(s): Environmental Public Health

2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

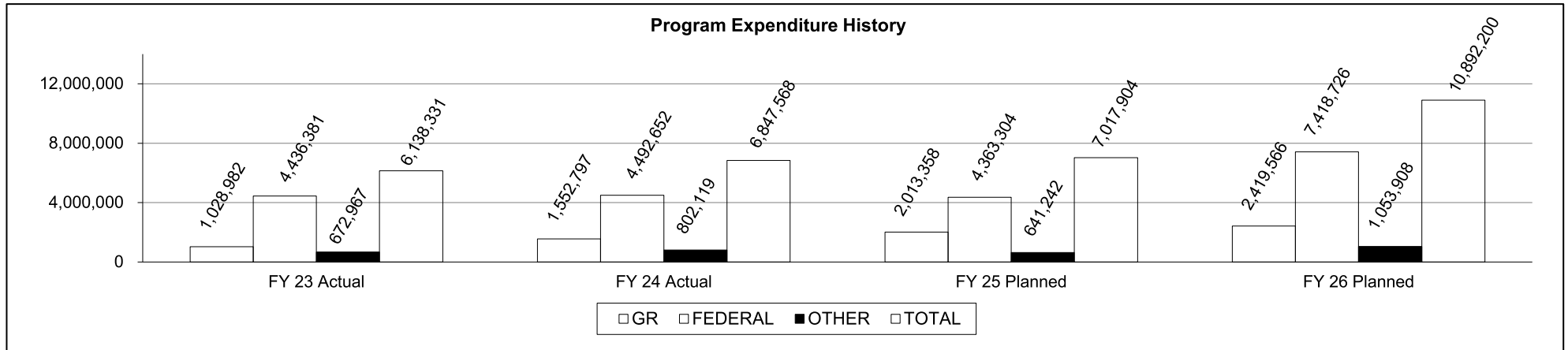
Health and Senior Services

AB Section(s): 10.735

Environmental Public Health

Program is found in the following core budget(s): Environmental Public Health

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Initiatives Fund (1275), Missouri Public Health Services Fund (1298), Hazardous Waste Fund (1676), and Missouri Lead Abatement Loan Fund (1893).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Chapters 192, 196, 210, 260, 315, 701, and Sections 44.100 (4)(h), 210.201-275, and 701.300-349, RSMo; 19 CSR 20-1.025, 19 CSR 20-3.015-3.080, 19 CSR 20-3.050, 19 CSR 20-10.010-10.200, 19 CSR 20-20.020, 19 CSR 20--20.075, 19 CSR 20-20.080, and 19 CSR 20-8.030; Federal Statutory or Regulatory Citation: CERCLA Section 104, specifically 104(I)(15); 40 CFR parts 31 and 35, Sub-part O.

6. Are there federal matching requirements? If yes, please explain.

Yes, Title XIX for lead screening requires a 50 percent state match for administrative costs and a 25 percent state match for costs associated with skilled medical activities. The Environmental Protection Agency Radon Grant requires a 40 percent state match.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.740</u>
Genetics and Newborn Health Services	
Program is found in the following core budget(s): Genetics and Newborn Health Services	
1a. What strategic priority does this program address? Build and strengthen partnerships; Use clear and concise communication to educate and build trust; Expand access to services. 1b. What does this program do? The Genetics and Newborn Services program provides education, outreach, and interventions to improve prenatal, maternal, and child health; increase healthier births; promote normal growth and development outcomes; increase school readiness; and facilitate healthy outcomes throughout the lifespan. The program develops and disseminates educational materials, social media messages, and multimedia marketing campaigns to educate the public on healthy behaviors. Primary program activities and priorities are outlined below: • Encouraging early entrance into prenatal care. • Providing education on healthy behaviors starting at preconception, including: • the Count the Kicks program to reduce stillbirths; • the use of folic acid to reduce birth defects; • the importance of avoiding smoking, alcohol, and other drugs during pregnancy; • breastfeeding promotion; and • helping families learn healthy parenting skills. • Providing case management, education, and awareness for Hepatitis B (HBV), including information on disease transmission, disease process, diagnosis, and treatment, to clinical and social service providers, infected and affected individuals, and the general public, to ensure that infants born to HBV-positive women receive timely and complete vaccination to prevent infection. • Administering a confidential, toll-free Maternal Child Health Information and Referral telephone and texting line (TEL-LINK) that connects families with programs and services; • Administering Newborn Screening Programs, which encompass the following: • newborn blood spot screening tracking and follow-up for over 70 different rare disorders to prevent death and disability; • early identification, diagnosis, and intervention for hearing loss to ensure communication milestones are achieved; • education, outreach, and technical assistance for families, providers, hospitals, and the general public. • Collaborating with child abuse medical resource centers to provide training, support, and mentoring to Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-CARE) medical providers. • Providing screening, diagnostic evaluations, treatment, and counseling for Missourians with genetic conditions. • Providing metabolic formula for adults and children with metabolic conditions.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.740</u>
Genetics and Newborn Health Services	
Program is found in the following core budget(s): Genetics and Newborn Health Services	
2a. Provide an activity measure(s) for the program.	

Clients Served by Newborn Health Services	FFY 2023	FFY 2024	FFY 2025 Proj.	FFY 2026 Proj.	FFY 2027 Proj.	FFY 2028 Proj.
Educational Materials Distributed	250,847	259,839	275,000	200,000*	150,000*	100,000*
Number of TEL-LINK Referrals	3,090	3,537	3,000	3,000	3,000	3,000
*Due to budget constraints and current trends, the program anticipates reductions to the number of educational materials available in print in the coming years.						

Newborn Blood Spot Screening Tracking and Follow-up						
The Missouri Newborn Blood Spot Screening Program tracked, followed, and provided educational information to the parents of:	CY 2023	CY 2024	CY 2025 Proj.	CY 2026 Proj.	CY 2027 Proj.	CY 2028 Proj.
Newborns referred to contracted referral centers for follow-up of abnormal newborn blood spot screening results.	523	519	550	550	550	550
Newborns diagnosed with disorders identified through newborn blood spot screening.	225	211*	200	200	200	200
Newborns with hemoglobinopathy trait identified through newborn blood spot screening.	1,382	1,372	1,500	1,500	1,500	1,500
Newborns who need a repeat blood spot screening.	4,719	4,374	4,000	4,000	4,000	4,000
*Final data will be available by November 2025.						

Newborn Hearing Screening Tracking and Follow-up						
The Missouri Newborn Hearing Screening Program tracked, followed, and provided educational information to the parents of:	CY 2023	CY 2024	CY 2025 Proj.	CY 2026 Proj.	CY 2027 Proj.	CY 2028 Proj.
Newborns who failed to pass their initial newborn hearing screening.	1,099	2,380*	2,800	2,800	2,800	2,800
Newborns who missed their hearing screening.	1,922	1,915*	1,000	1,000	1,000	1,000
Newborns who were diagnosed with permanent hearing loss and referred to early intervention via Missouri's Part C Program, First Steps.	146	79**	115	115	115	115
*Final data available December 2025.						
**Final program data for diagnosis and intervention are not available until the end of the following calendar year. Thus, CY 2024 data is provisional until after January 2026.						

PROGRAM DESCRIPTION

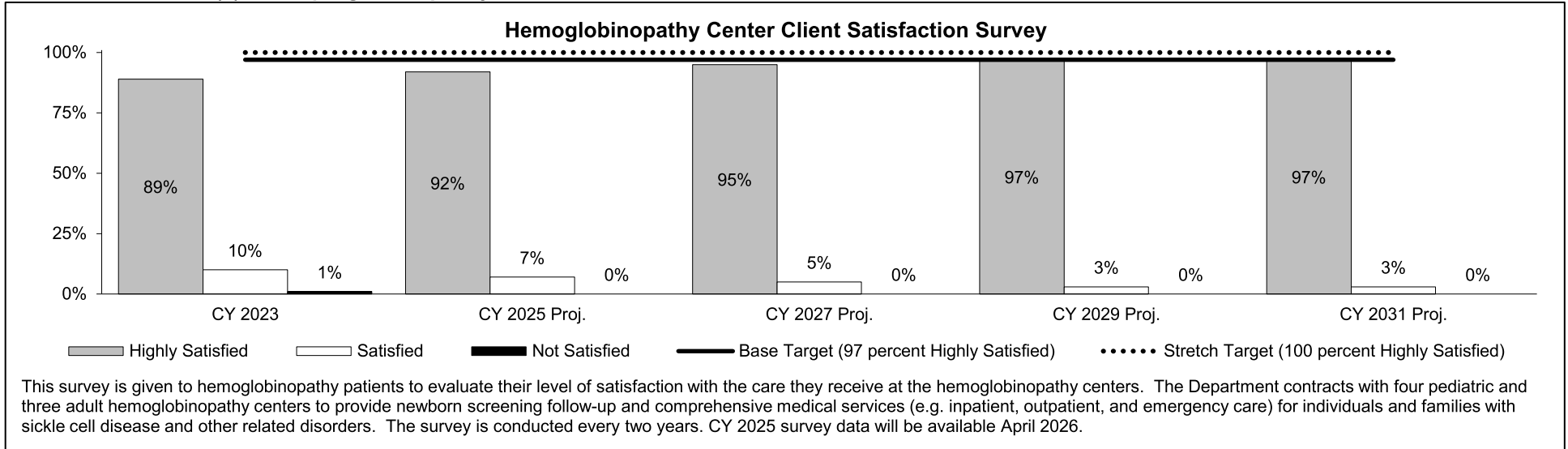
Health and Senior Services

AB Section(s): 10.740

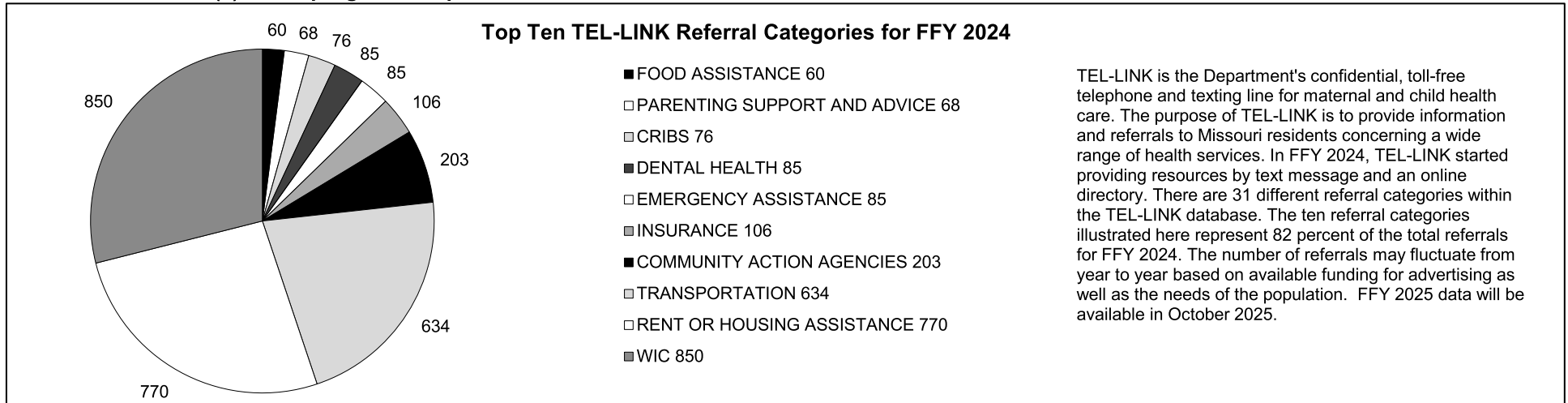
Genetics and Newborn Health Services

Program is found in the following core budget(s): Genetics and Newborn Health Services

2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

Health and Senior Services

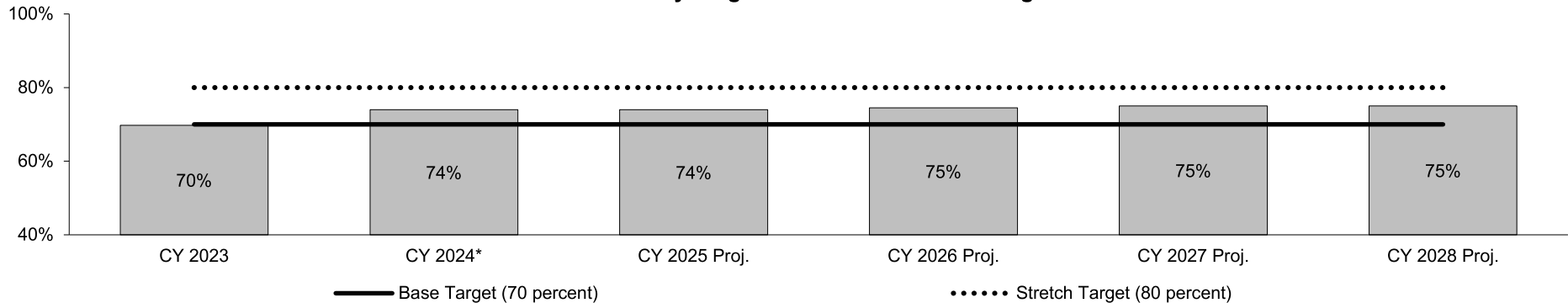
AB Section(s): 10.740

Genetics and Newborn Health Services

Program is found in the following core budget(s): Genetics and Newborn Health Services

2c. Provide a measure(s) of the program's impact. (continued)

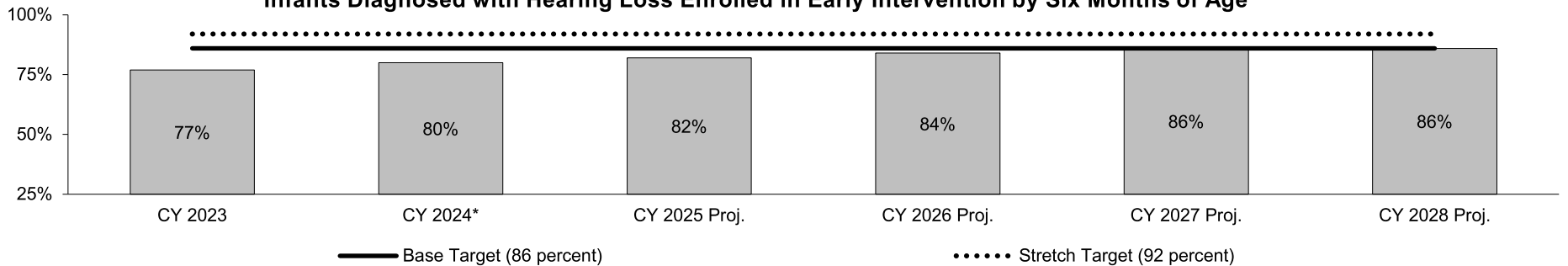
Newborns with Timely Diagnosis after a Failed Hearing Screen



Universal newborn hearing screening, when accompanied by timely access to outpatient rescreening, audio logic diagnostic evaluation, and intervention services (e.g., training in sign language, hearing amplification services, and speech language services), can improve language, social, and emotional outcomes for children born deaf or hard of hearing and result in economic benefits to society. The purpose of Missouri's Newborn Hearing Screening Program is to screen all infants for hearing loss by one month of age, ensure those infants who fail screening are evaluated to identify hearing loss by three months of age, and ensure all infants diagnosed with permanent hearing loss are enrolled in an early intervention program by six months of age.

*Final program data for diagnosis is provisional until after November 2025.

Infants Diagnosed with Hearing Loss Enrolled in Early Intervention by Six Months of Age



Appropriate intervention must occur within the first six months of life in order for children born with hearing loss to develop language skills matching their typical hearing peers by five years of age. The purpose of Missouri's Newborn Hearing Screening Program is to screen all infants for hearing loss by one month of age, ensure those infants who fail screening are evaluated to identify hearing loss by three months of age, and ensure all infants diagnosed with permanent hearing loss are enrolled in an early intervention program by six months of age.

*Final program data for intervention is not available until the end of the following calendar year; therefore, CY 2024 data is provisional until after February 2026.

PROGRAM DESCRIPTION

Health and Senior Services

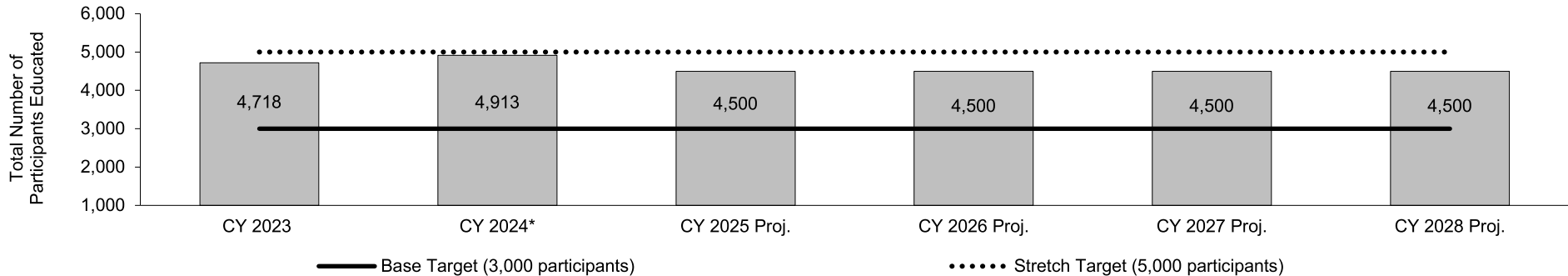
AB Section(s): 10.740

Genetics and Newborn Health Services

Program is found in the following core budget(s): Genetics and Newborn Health Services

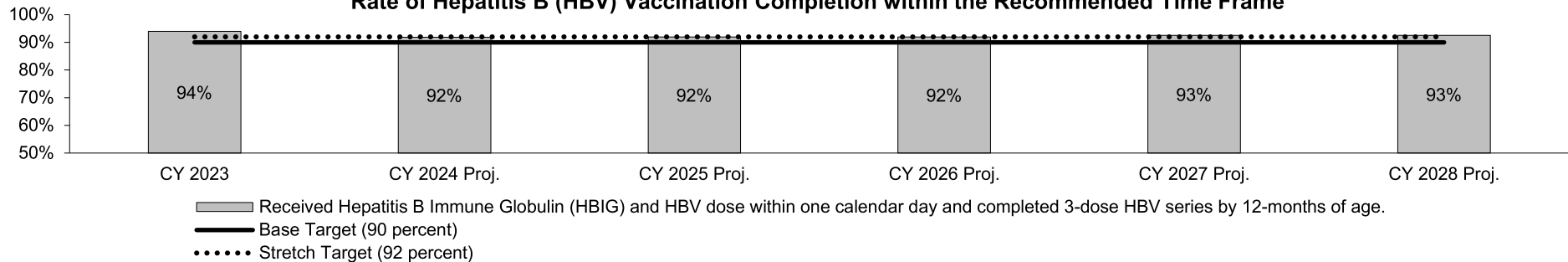
2c. Provide a measure(s) of the program's impact. (continued)

Education Using Substance Exposed Infant Manikins



Substance-exposed infant manikins are provided to 33 various sites for educational outreach. Each site receives, at no cost, infant manikins representing Caucasian and African American infants with Fetal Alcohol Syndrome, prenatal drug exposure, and healthy characteristics. Community placement sites utilize the manikins to provide education to groups such as communities, expectant parents, grandparents, treatment clinics, WIC clients, educators, students, and health care providers. Each site reports data back to the Department for each presentation or exhibit for which the manikins are used, documenting the number of participants who received education. There was a significant increase noted in CY 2023 due to a singular large event. Overall projections remain the same until/unless a more consistent pattern can be established. *Final program data are not available until the end of the following calendar year; therefore, CY 2024 data is provisional until after December 2025.

Rate of Hepatitis B (HBV) Vaccination Completion within the Recommended Time Frame



Perinatal HBV case management increases the likelihood that babies born to HBV-positive mothers are vaccinated for HBV at birth and receive the full HBV series by 12 months of age. Receipt of the full HBV series ensures HBV immunity among most vaccinated babies and decreases the likelihood of associated negative health outcomes including chronic HBV infection and liver disease. Approximately 95 infants are served by Missouri's perinatal HBV case management program each year. (Program staff will compile 2024 data in February 2026 after all contractors have submitted cases. Final 2024 data is due to the CDC by March 2026; therefore, CY 2024 data is projected until March 2026. Base and Stretch targets are based on CDC defined goals for perinatal HBV programs.)

PROGRAM DESCRIPTION

Health and Senior Services

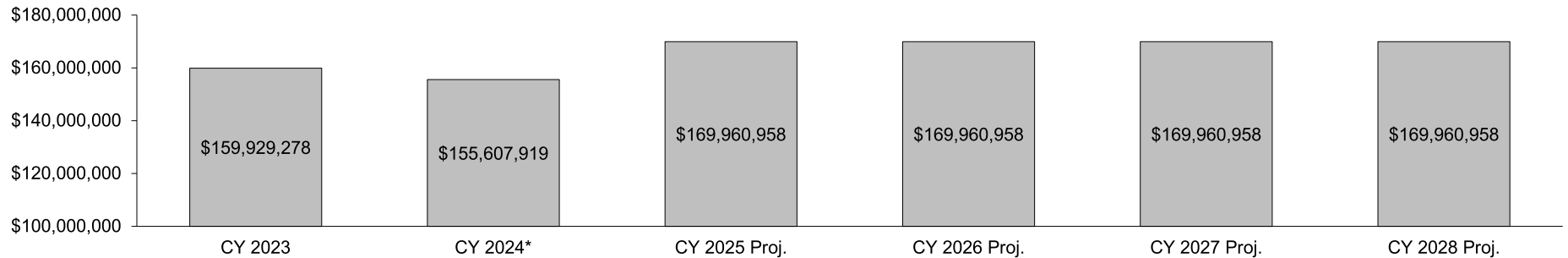
AB Section(s): 10.740

Genetics and Newborn Health Services

Program is found in the following core budget(s): Genetics and Newborn Health Services

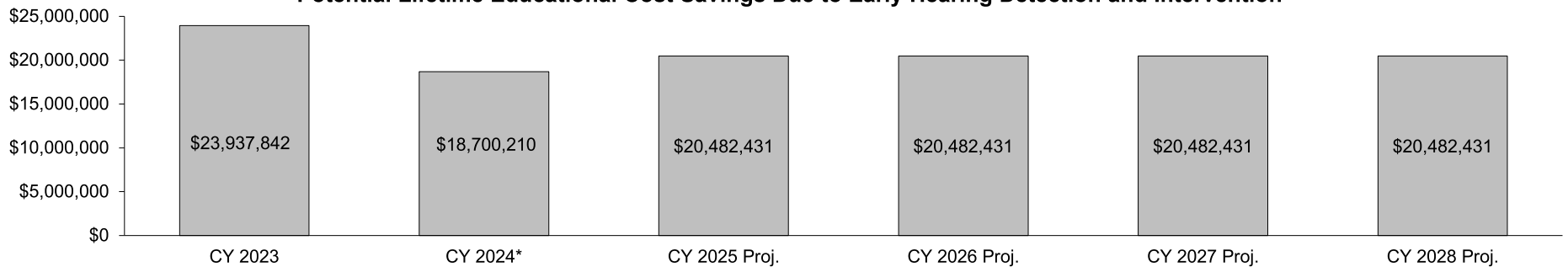
2d. Provide a measure(s) of the program's efficiency.

Potential Lifetime Cost Savings Due to Prevention of Cognitive Developmental Disability by Blood Spot Screening



In 2003, the Centers for Disease Control and Prevention (CDC) estimated the average lifetime costs per person with cognitive developmental disability to be approximately \$1,014,000. The U.S. Bureau of Labor Statistics Consumer Price Index Inflation Calculator was used to calculate inflation over time. The number of disorders detected varies from year to year due to variables in incidence. The number of infants represented in this chart only includes those with disorders on the blood spot screening panel where cognitive developmental disability is a symptom and where there is evidence to show that early diagnosis and treatment prevents this specific disability. Disorders included are: biotinides deficiency, congenital adrenal hyperplasia, congenital primary hypothyroidism, galactosemia, amino acid disorders, fatty acid disorders, and organic acid disorders. Additional cost savings are likely associated with the remaining blood spot disorders, however, there is not sufficient data to provide a dollar estimate. The program did not set targets as it is not possible to project the number of children identified with the specified conditions. *Final data for CY 2024 will be available November 2025.

Potential Lifetime Educational Cost Savings Due to Early Hearing Detection and Intervention



The CDC estimated the lifetime educational cost of undiagnosed or untreated hearing loss at \$115,600 per child (year 2007 value for permanent hearing loss without other disabilities). The CDC estimated cost of newborn hearing screening was \$26 in 2010. The U.S. Bureau of Labor Statistics Consumer Price Index Inflation Calculator was used to calculate inflation over time. Total savings was calculated as the difference in the number of infants diagnosed times average lifetime cost, and the cost of hearing screening times total newborns screened. The program did not set targets as it is not possible to project the number of children identified with the specified conditions.

*Final CY 2024 data will not be available after December 2025.

PROGRAM DESCRIPTION

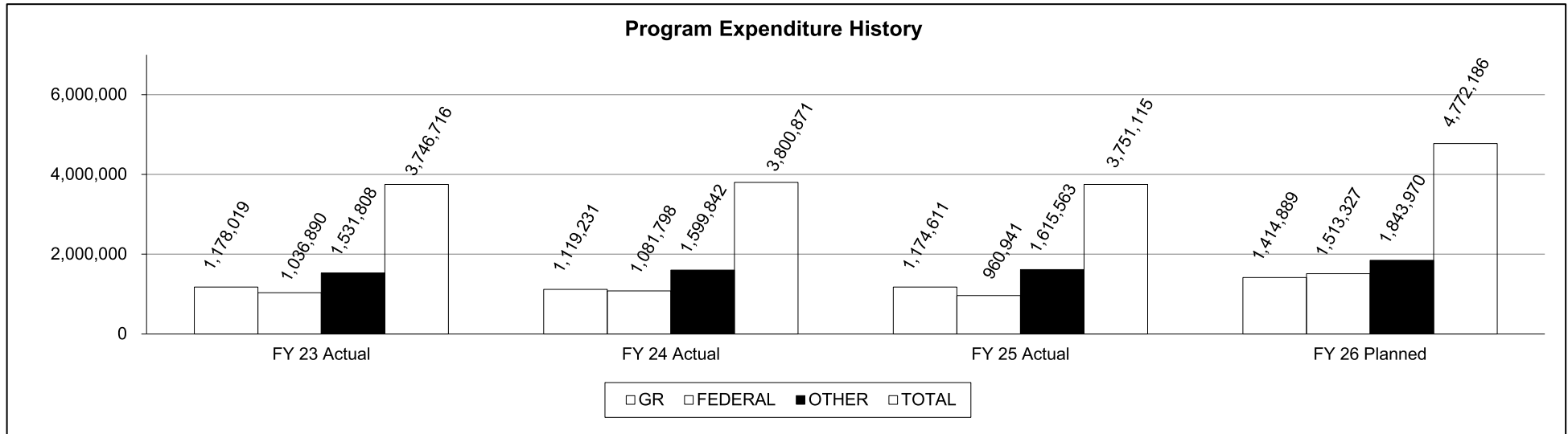
Health and Senior Services

AB Section(s): 10.740

Genetics and Newborn Health Services

Program is found in the following core budget(s): Genetics and Newborn Health Services

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe



4. What are the sources of the "Other " funds?

Health Initiatives Fund (1275) and Missouri Public Health Services Fund (1298).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 191.300 - 191.380 RSMo (Adult Genetics and Metabolic Formula; Sections 191.331 - 191.332 RSMo (Newborn Blood Spot Screening)); Sections 191.925 - 191.931, RSMo (Newborn Hearing Screening); Section 191.334, RSMo (Newborn Critical Congenital Heart Disease Screening); Section 191.725, RSMo (Prenatal Substance Use Prevention Program); Section 194.117, RSMo (Sudden Infant Death Syndrome); the Federal Omnibus Budget Reconciliation Act OBRA 89 and Section 192.601, RSMo (TEL-LINK).

6. Are there federal matching requirements? If yes, please explain.

Yes. The Title V Maternal and Child Health Services Block Grant partially supports this program and requires a three dollar non-federal match for every four dollars of federal funds received, and requires maintenance of effort.

7. Is this a federally mandated program? If yes, please explain.

Yes. The Maternal Child Health Information and Referral Line (TEL-LINK) is mandated under the Federal Omnibus and Reconciliation Act (OBRA 89).

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.745</u>																																										
Health Informatics and Epidemiology																																											
Program is found in the following core budget(s): Health Informatics and Epidemiology																																											
1a. What strategic priority does this program address? Invest in innovation to modernize infrastructure, Expand access to services, and Build and strengthen partnerships. 1b. What does this program do? The Health Informatics and Epidemiology is responsible for collecting, analyzing, and providing health information on a range of health conditions and diseases, risk factors, and preventative practices. It houses the resources necessary to operate and maintain major public health information systems, state vital statistics, community health information, and medical and public health epidemiology resources necessary to prevent, intervene, and control diseases and conditions impacting the health and wellness of Missourians. The unit is involved in health data collection, from the enumeration of the population at risk (e.g. birth and death records) to health-care related experiences of Missourians, (e.g. managing the Patient Abstract System, health data abstracting, healthcare infections reporting) communicable (infectious) diseases, sexually transmitted infections (STIs) and zoonotic diseases; the collection, analysis, and interpretation of data (e.g. Behavioral Risk Factor Surveillance System (BRFSS); the Pregnancy Risk Assessment Monitoring System (PRAMS); the Missouri Cancer Registry (MCR); the Pregnancy Mortality Surveillance System (PMSS); the State Unintentional Drug Overdose Reporting System (SUDORS), and the Missouri Violent Death Reporting System (MOVDRS); the dissemination of health statistics (e.g. Missouri Public Health Information Management System (MOPHIMS); and the distribution of downloadable public service announcements, brochures, and other information; as well as managing Missouri's reportable disease and condition surveillance system (ShowMe WorldCare), the HIV/AIDS reporting system (eHARS), the Missouri immunization information system (ShowMeVax) and the Missouri Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE) 2a. Provide an activity measure(s) for the program. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="7" style="text-align: center;">Health Information Services Provided</th> </tr> <tr> <th></th> <th style="text-align: center;">FY 2023</th> <th style="text-align: center;">FY 2024</th> <th style="text-align: center;">FY 2025</th> <th style="text-align: center;">FY 2026 Proj.</th> <th style="text-align: center;">FY 2027 Proj.</th> <th style="text-align: center;">FY 2028 Proj.</th> </tr> </thead> <tbody> <tr> <td>Data Requests</td> <td style="text-align: center;">767</td> <td style="text-align: center;">1,162</td> <td style="text-align: center;">907</td> <td style="text-align: center;">1,049</td> <td style="text-align: center;">971</td> <td style="text-align: center;">1,022</td> </tr> <tr> <td>Exhibits</td> <td style="text-align: center;">10</td> <td style="text-align: center;">6</td> <td style="text-align: center;">10</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Customized Presentations</td> <td style="text-align: center;">43</td> <td style="text-align: center;">50</td> <td style="text-align: center;">45</td> <td style="text-align: center;">53</td> <td style="text-align: center;">63</td> <td style="text-align: center;">66</td> </tr> <tr> <td>Publications</td> <td style="text-align: center;">54</td> <td style="text-align: center;">37</td> <td style="text-align: center;">12</td> <td style="text-align: center;">27</td> <td style="text-align: center;">32</td> <td style="text-align: center;">30</td> </tr> </tbody> </table> The number of data requests and customized presentations in FY 2022 were significantly higher than in prior years due to the increased demand for COVID-19 related prevalence, hospitalization, mortality, and vaccine data. FY 2023 saw a return to more normal levels of requests. The number of data requests in FY 2024 was significantly higher due to an increased amount of established weekly reports and internal staff expansion.		Health Information Services Provided								FY 2023	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	Data Requests	767	1,162	907	1,049	971	1,022	Exhibits	10	6	10	8	9	8	Customized Presentations	43	50	45	53	63	66	Publications	54	37	12	27	32	30
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PROGRAM DESCRIPTION

Department of Health and Senior Services

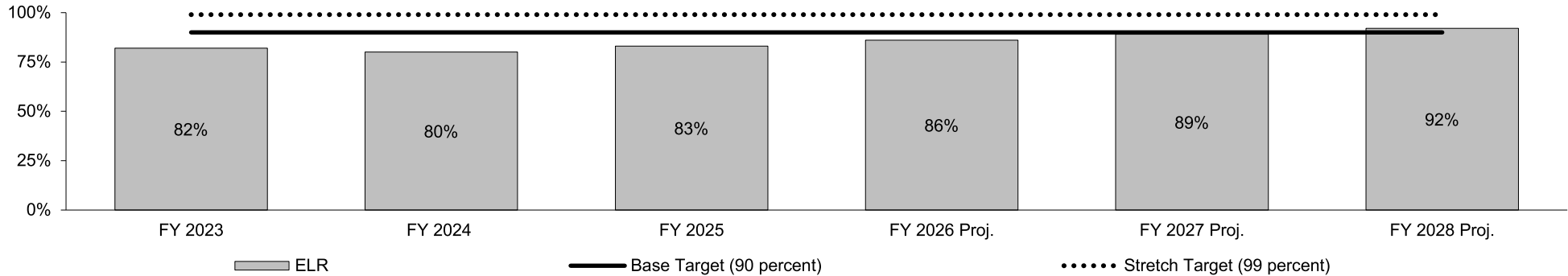
AB Section(s): 10.745

Health Informatics and Epidemiology

Program is found in the following core budget(s): Health Informatics and Epidemiology

2b. Provide a measure(s) of the program's quality.

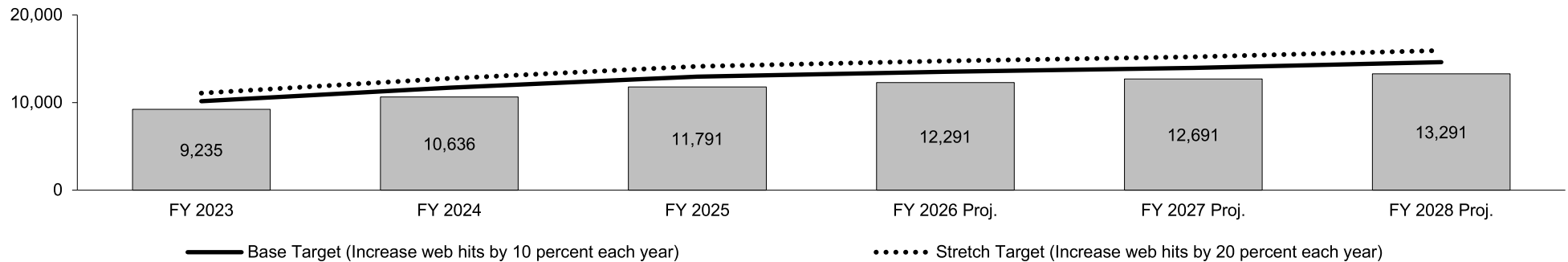
Communicable Disease Results Processed via Electronic Laboratory Reporting (ELR)



ELR allows faster processing of incoming reports, leading to faster public health action to reduce morbidity and mortality. A slight decrease was observed in electronically ingested results from SFY 2022 to SFY 2024. This decrease occurred because the emergency reporting rule amendment that required the reporting of negative COVID-19 results ended on April 1, 2022. The vast majority of negative COVID-19 results were received via electronic laboratory reporting (ELR). Once negatives were no longer ingested, the overall percentage of ingested results decreased. Also, the Department planned to onboard additional hospitals to ELR in WebSurv during SFY 2023, but was unable to due to limited IT resources.

2c. Provide a measure(s) of the program's impact.

MOPHIMS Web Query System Events: Birth and Death



This table features the frequency of web events or web hits for birth and death data tools. Projected target for FY 2026 set based on highest count of previous three years. Future increases project annual 300 hit increase for MICAs.

PROGRAM DESCRIPTION

Department of Health and Senior Services

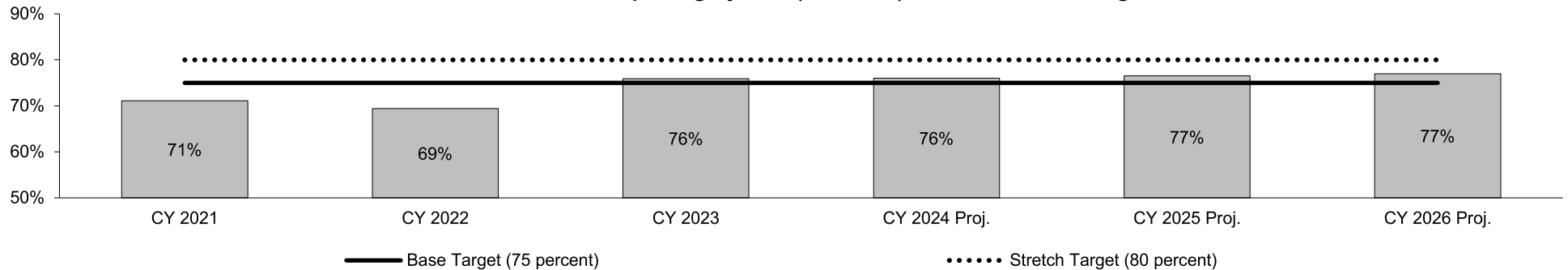
AB Section(s): 10.745

Health Informatics and Epidemiology

Program is found in the following core budget(s): Health Informatics and Epidemiology

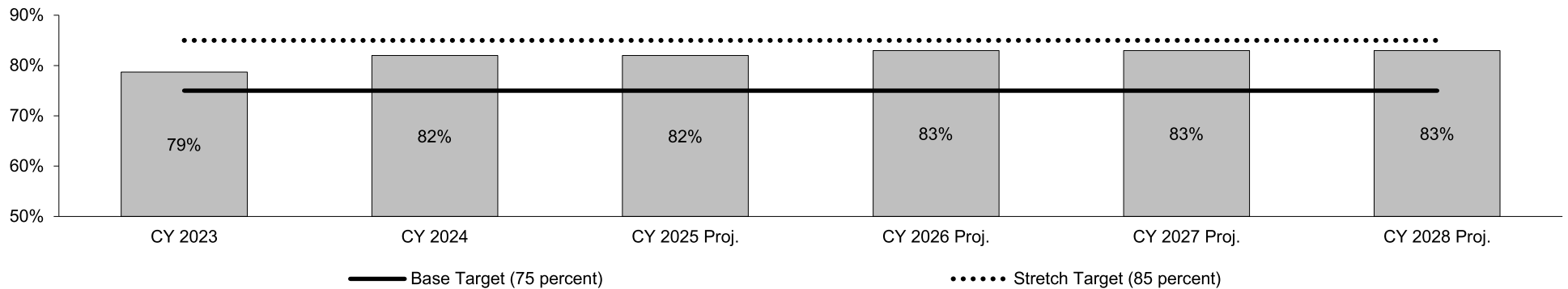
2d. Provide a measure(s) of the program's efficiency.

Missouri Violent Death Reporting System (MOVDRS) Surveillance Coverage



The MOVDRS project is an ongoing, data surveillance program that uses Death Certificates and county-level agency participation for the comprehensive tracking of violent deaths. The goal of the program is to build a comprehensive database that provides a better understanding of the risk factors and circumstances surrounding violent deaths in order to assist prevention efforts in Missouri. Data for MOVDRS for CY2024 will not be available until the Spring of 2026, hence only data through CY2023 are presented here. Data is considered complete if the Coroner/Medical Examiner (CME) report is obtained.

State Unintentional and Undetermined Overdose Reporting System (SUDORS) Surveillance Coverage



The SUDORS project is an ongoing, data surveillance program that use Death Certificates and county-level agency participation for the comprehensive tracking of overdose deaths. The goal of the program is to build a comprehensive database that will provide a better understanding of the risk factors and circumstances surrounding fatal overdoses in order to assist prevention efforts in Missouri. Data is considered complete if the Coroner/Medical Examiner (CME) report is obtained for SUDORS.

PROGRAM DESCRIPTION

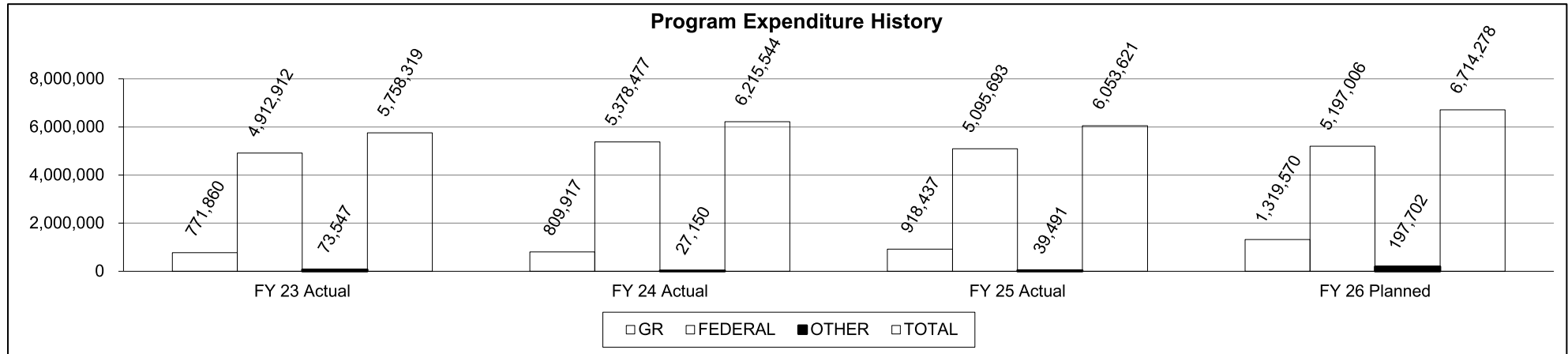
Department of Health and Senior Services

AB Section(s): 10.745

Health Informatics and Epidemiology

Program is found in the following core budget(s): Health Informatics and Epidemiology

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Initiatives Fund (1275) and Department of Health and Senior Services Document Services Fund (1646).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 167.183, 188.052, 188.055, 192.020, 192.025, 192.040, 192.067, 192.068, 192.131, 192.323, 192.380, 192.650-657, 192.665-192.667, 193.045, 193.245, 193.255, 210.040, 210.050, 260.391.1(2), and 380.010. Behavioral Risk Factor Surveillance System: 42 USC Section 301 (a)317(k); Missouri Cancer Registry Cancer Information System: Section 192.650-657, RSMo, PL 102-515; Pregnancy Risk Assessment Monitoring System: CDC-RFA-DP06-002; Maternal and Child Health Title V Block Grant: Social Security Act, Title V, Sections 501-510 (USC 701-710, Subchapter V, Chapter 7, Title 42); and National Violent Death Reporting System: CDC-RFA-CE16-1607.

6. Are there federal matching requirements? If yes, please explain.

Yes, the Cancer Registry grant requires one dollar of in-kind match from reporting facilities and the University of Missouri for every three dollars of federal funds and requires maintenance of effort. The Title V Maternal and Child Health (MCH) Block Grant supports portions of the Office of Epidemiology and requires a three dollar non-federal to a four dollar federal match and maintenance of effort.

7. Is this a federally mandated program? If yes, please explain.

Yes, the Cancer Registry is federally mandated (Cancer Registries Amendment Act: PL 102-515).

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.750</u>
HIV, STI, and Hepatitis Services	
Program is found in the following core budget(s): HIV, STI, and Hepatitis Services	
1a. What strategic priority does this program address? Build and strengthen partnerships, Use clear and concise communication to educate and build trust, Expand access to services.	
1b. What does this program do? This program provides HIV, sexually transmitted infection (STI), and viral hepatitis education to the general public, those at risk for infection, and clinical providers; access to HIV, STI, and viral hepatitis prevention and testing services; increased access to HIV, STI, and viral hepatitis care and treatment; and a coordinated and efficient use of limited HIV, STI, and viral hepatitis resources to protect health and keep people safe. These outcomes are achieved through the following activities: • Educating Missourians regarding HIV, STI, and hepatitis prevention, education, testing, and linkage to care services to stop the spread of infection, prevent re-infection, and prevent poor health outcomes. • Providing screening and testing resources for specific, disproportionately affected populations who are underinsured or uninsured. Priority populations vary by condition and are based on epidemiological data and grant priorities. • Delivering services in collaboration with local public health agencies, as well as a network of prevention contractors and testing program partner sites, to ensure access to services throughout the state. • Providing disease information, risk reduction counseling, and partner services (including elicitation of sex/needle-sharing partners and confidential notification of exposed partners to offer counseling, testing, and referral for treatment and care). • Providing access to HIV medical care, medication, and related services for low-income Missourians living with HIV to improve individual health outcomes as well as to reduce HIV transmission rates. Individuals living with HIV for whom the virus is well controlled by HIV medications pose essentially no risk of transmitting the virus through sexual contact. • Facilitating the coordination and collaboration among statewide HIV, STI, and hepatitis service providers and stakeholders to determine program priorities and ensure efficient use of limited resources based on historical epidemiological data and emerging trends.	

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.750

HIV, STI, and Hepatitis Services

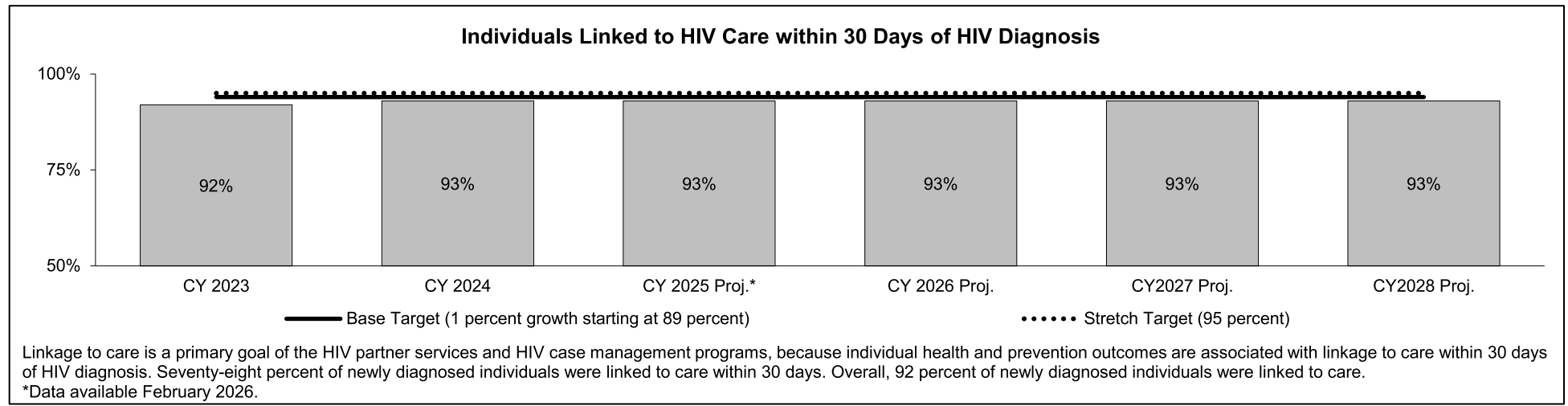
Program is found in the following core budget(s): HIV, STI, and Hepatitis Services

2a. Provide an activity measure(s) for the program.

HIV, STI, and Hepatitis Clients Served						
Program/Service	CY 2023	CY 2024	CY 2025 Proj.	CY 2026 Proj.	CY 2027 Proj.	CY 2028 Proj.
HIV Care Program Clients Served	8,535	8,569	8,650	8,700	8,700	8,700
HIV Tests	70,127	82,062	85,000	90,000	90,000	90,000
Hepatitis C Rapid Tests **	4,962	3,861	4,500	4,500	5,000	5,000
Gonorrhea/Chlamydia Tests	50,712	51,247	55,000	55,000	55,000	55,000
Syphilis Tests	24,822	28,810	25,000	25,000	30,000	30,000
Individuals Receiving Partner Services***	4,300	7,391	7,500	7,500	7,750	7,750
Condoms Distributed	798,668	594,584	650,000	650,000	700,000	700,000
STI Medications Distributed*	55,952	45,259	50,000	50,000	50,000	50,000

*Medications for the treatment of Gonorrhea, Chlamydia, or Syphilis infection; units represent one pill, vial, or shot.
 **The methodology for this measure will be reviewed over the next year to determine if there is possible underreporting.
 **The Viral Hepatitis program had additional grant funding put toward rapid HCV testing for CY24. There is no guarantee that this funding will be available for that in future years.
 ***The methodology for this measure was updated to include all individuals who had at least one field record.

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

Health and Senior Services

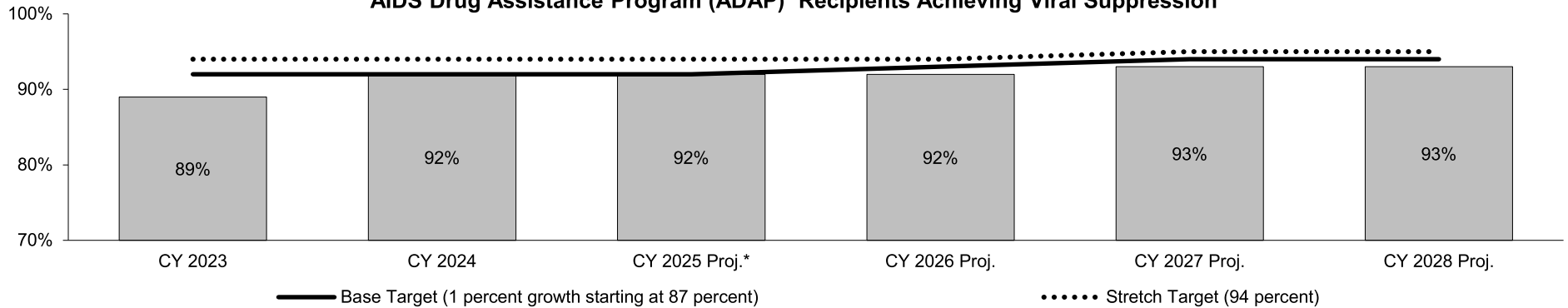
AB Section(s): 10.750

HIV, STI, and Hepatitis Services

Program is found in the following core budget(s): HIV, STI, and Hepatitis Services

2b. Provide a measure(s) of the program's quality. (continued)

AIDS Drug Assistance Program (ADAP) Recipients Achieving Viral Suppression

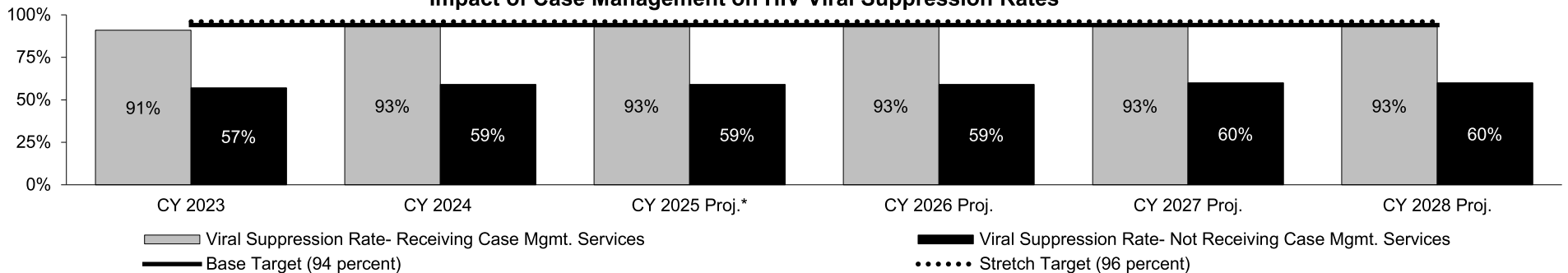


Viral suppression is an important clinical marker used to monitor HIV disease progression and response to antiretroviral treatment. According to the CDC, getting and keeping an undetectable viral load is the best thing people with HIV can do to stay healthy. Another benefit of reducing the amount of virus in the body is that it helps prevent transmission to others through sex or syringe sharing, and from mother to child during pregnancy, birth, and breastfeeding.

*Data available February 2026.

2c. Provide a measure(s) of the program's impact.

Impact of Case Management on HIV Viral Suppression Rates



Viral suppression is an important clinical marker used to monitor HIV disease progression and response to antiretroviral treatment. Individuals living with HIV who maintain viral suppression stay healthier, live longer, and have effectively no risk of transmitting the virus to an HIV-negative partner through sexual contact. Case management services significantly increase viral suppression rates among Missourians living with HIV.

*Data available February 2026.

PROGRAM DESCRIPTION

Health and Senior Services

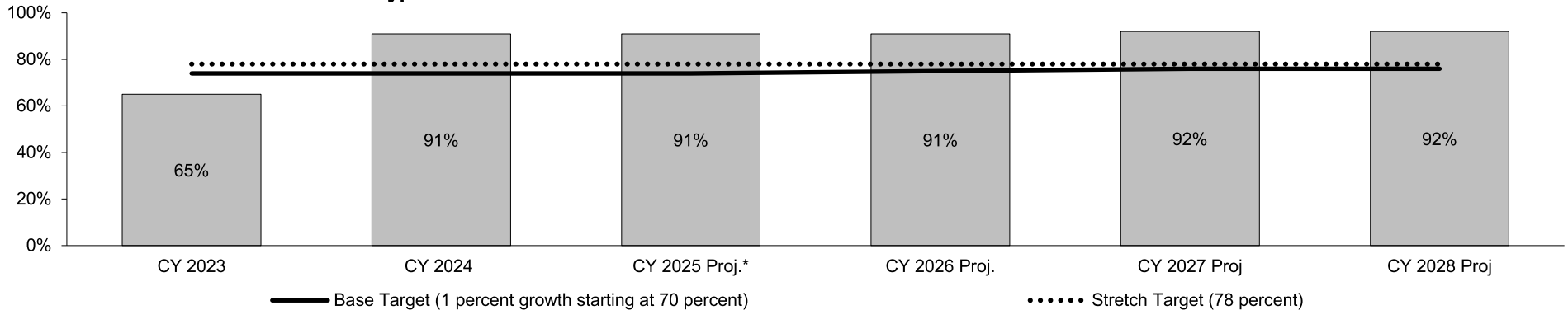
AB Section(s): 10.750

HIV, STI, and Hepatitis Services

Program is found in the following core budget(s): HIV, STI, and Hepatitis Services

2c. Provide a measure(s) of the program's impact. (continued)

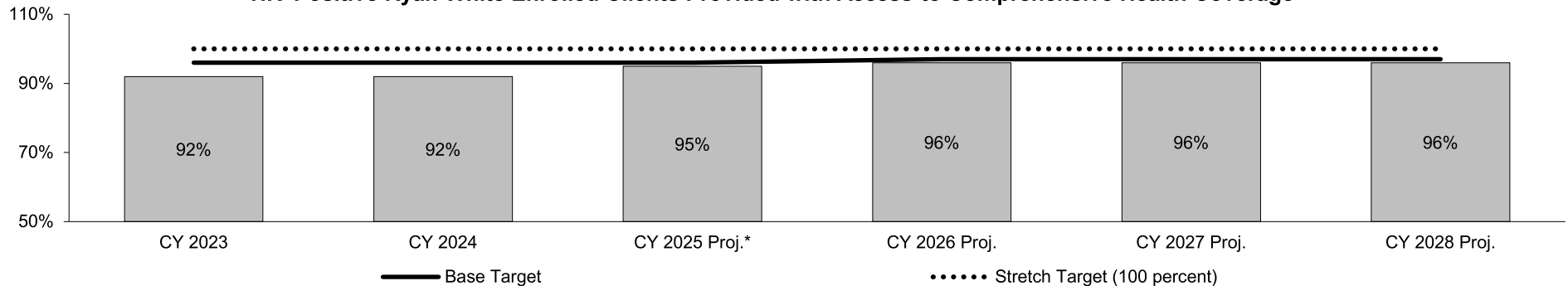
Syphilis Treatment Received as a Result of Partner Services Intervention



This indicator shows the percentage of people infected with or exposed to syphilis who received treatment as a direct result of disease intervention activities of partner services and provider education by the Department. Connecting individuals to treatment helps control the infection in the community and prevents further damage to the individual's health.

*Data available February 2026.

HIV Positive Ryan White Enrolled Clients Provided with Access to Comprehensive Health Coverage



By providing access to comprehensive health coverage (private insurance) and assisting individuals with applying for Medicaid, Missouri's Ryan White program is able to ensure that people living with HIV have access to a full range of essential health benefits at a cumulative cost savings to the Ryan White program. Comprehensive health coverage provides access to health services that are not available to uninsured Ryan White clients including inpatient care, emergency department care, and management of some chronic or co-occurring conditions.

*Data available February 2026.

PROGRAM DESCRIPTION

Health and Senior Services

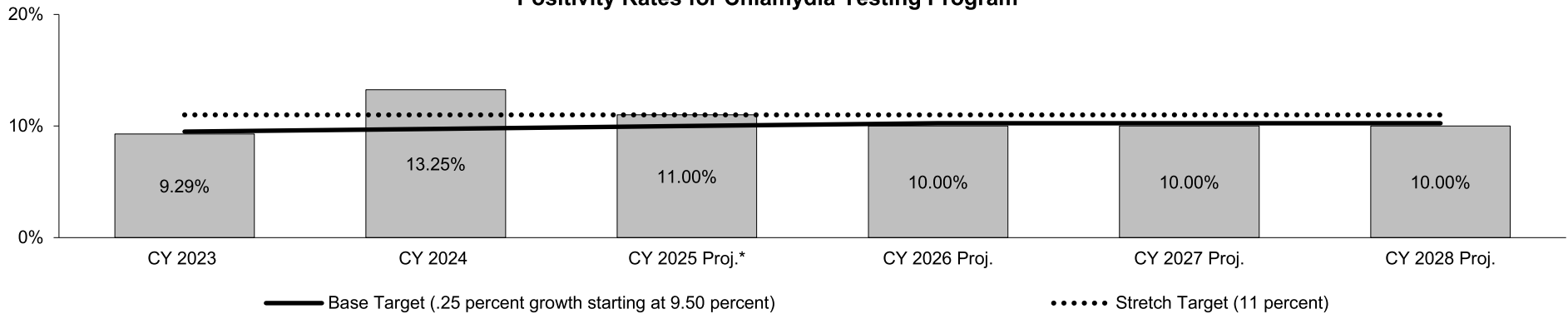
AB Section(s): 10.750

HIV, STI, and Hepatitis Services

Program is found in the following core budget(s): HIV, STI, and Hepatitis Services

2d. Provide a measure(s) of the program's efficiency.

Positivity Rates for Chlamydia Testing Program

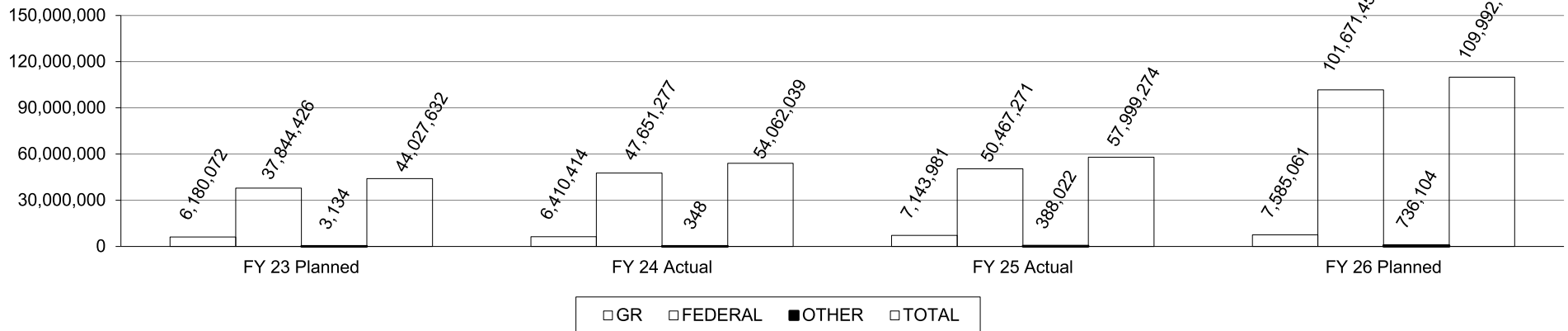


Chlamydia testing focuses on those who are most at-risk for infection, including those with no signs or symptoms. High testing positivity rates indicate that the testing program is effectively targeted to those individuals who are most at risk for infection rather than using limited resources to test individuals with low or no risk of infection. Prior CDC cooperative agreements recommended a testing program positivity rate of three percent. Missouri's testing program currently exceeds this target, and continues to work to identify individuals and populations who are at increased risk for infection.

*Data available February 2026.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History



PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.750</u>
HIV, STI, and Hepatitis Services	
Program is found in the following core budget(s): HIV, STI, and Hepatitis Services	
4. What are the sources of the "Other " funds? Health Initiatives Fund (1275).	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Sections 191.653, 191.656, and 191.677, RSMo; Public Law 111-87 (Ryan White HIV/AIDS Treatment Extension Act of 2009); and Acquired Immune Deficiency Syndrome (AIDS) Housing Opportunity Act, 42 USC Section 12901.	
6. Are there federal matching requirements? If yes, please explain. Yes, the Ryan White grant requires a one dollar state match for every two dollars of Ryan White Part B Base and ADAP funding. No match is required for Ryan White Supplemental or other sources of funding for the HIV, STI, and Hepatitis Program.	
7. Is this a federally mandated program? If yes, please explain. No.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.755</u>
Local Public Health Agency Support	
Program is found in the following core budget(s): Local Public Health Agency Support	
1a. What strategic priority does this program address? Build and strengthen partnerships, Use clear and concise communication to educate and build trust, Expand access to services, Re-envision and strengthen the workforce, Invest in innovation to modernize infrastructure 1b. What does this program do? The Department of Health and Senior Services (DHSS), Center for Local Public Health administers participation agreements with 115 local health agencies to ensure public health services are available in every county in Missouri. The presence of public health services at the local level is essential for protecting health and keeping people safe. The local health agencies are a vital partner in providing statewide services including, but not limited to, communicable disease surveillance and outbreak response, environmental surveillance (retail food, lodging, on-site sewage, childcare sanitation), immunizations, infectious disease testing and referral to care, chronic disease prevention and control, education, public health emergency preparedness and response, and vital record issuance. The funding administered allows local health agencies to utilize funding as needed to deliver public health services in cooperation with DHSS. While DHSS is available for technical assistance and may lead activities in some program areas, public health services statewide would not be available without the existence of local public health agencies. State funding constitutes a different percentage of each local health department's total budget, but overall, public health in Missouri remains underfunded and state funding is necessary to maintain local delivery of these services. The federal funding (54 percent of the total in FY 2024) distributed through these core participation agreements is the result of federal match received on expenditures reported by locals for specific unreimbursed services they have delivered to children age 0 through 19 (Children's Health Insurance Program, Health Services Initiative (CHIP H.S.I.)). DHSS staff provide technical assistance regarding CHIP H.S.I. claiming, and collect and aggregate the expenditure data for all 115 agencies for quarterly submission to the Center for Medicare and Medicaid Services (through collaboration with Department of Social Services) in order to receive this match. In addition to the core funding, an additional \$3.8 million in general revenue, referred to as incentive funding, is available in total to the 115 local public health agencies. The incentive funding is only distributed to an individual agency if the agency is able to demonstrate achievement of specific quality initiatives. In addition to funding support, the Center for Local Public Health staff provide a collaborative approach to quality services by holding orientations and trainings for new administrators, boards of health and county commissioners, connecting locals with staff throughout DHSS for specific programmatic technical assistance, and connecting locals with resources and programs through conference calls and in-person meetings offered throughout the year. The DHSS also assists in sponsoring a state-wide annual conference for public health professionals.	

PROGRAM DESCRIPTION

Health and Senior Services

Local Public Health Agency Support

Program is found in the following core budget(s): Local Public Health Agency Support

AB Section(s): 10.755

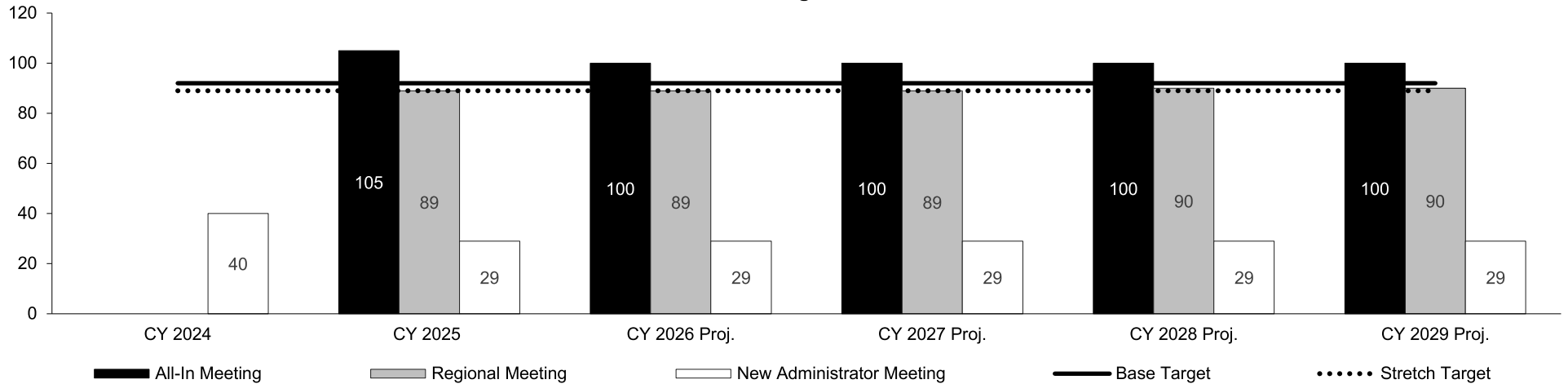
2a. Provide an activity measure(s) for the program.

LPHAs Served by the Center for Local Public Health Services	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	FY 2029 Proj.
LPHAs with CORE Participation Agreements	115	115	115	115	115	115
LPHAs receiving individualized training/technical assistance*	83*	40	43	45	47	50
Regional Public Health Meetings, Statewide and/or New Administrator Meetings Offered**	3	3	4**	4	4	4
Number of LPHAs Participating in Incentive Funding Program	115	115	115	115	115	115
Percentage of Incentive Funds Earned by LPHAs	80%	72%	75%	80%	85%	85%

* Trainings increased in FY 2024 as public health board trainings were a part of the LPHA Incentive Program that was established in FY 2024.

**An additional training for LPHA Administrators has been established for FY26 to keep up with the educational needs and training requests from LPHA Administrators

LPHA Meeting Attendees



Regional meetings were not held in CY24 due to other large scale LPHA meetings supported by the Center, but began again in CY 2025. The new All-In meeting was established in CY2025.

PROGRAM DESCRIPTION

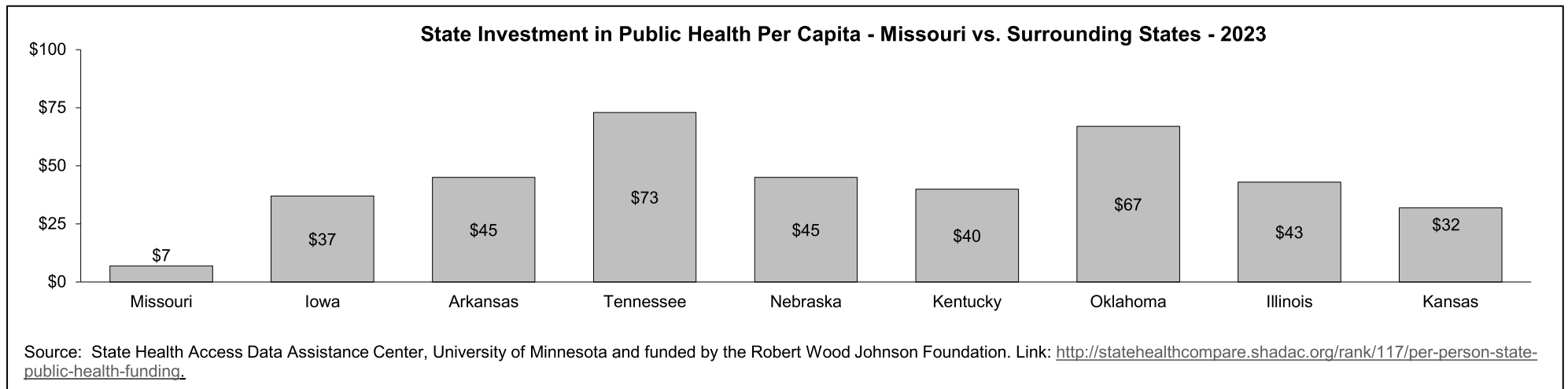
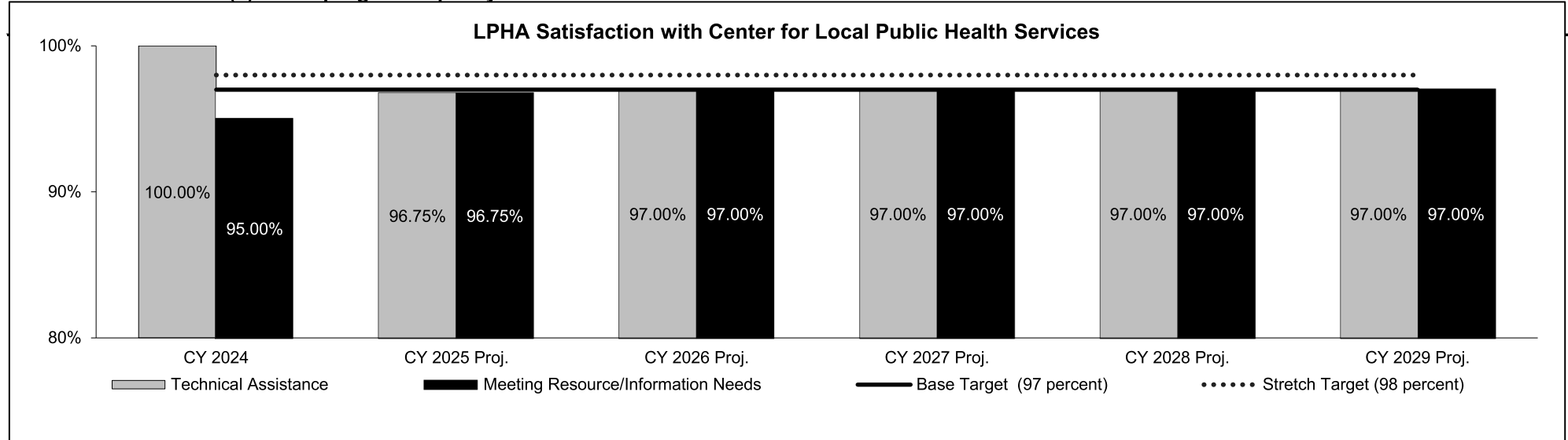
Health and Senior Services

AB Section(s): 10.755

Local Public Health Agency Support

Program is found in the following core budget(s): Local Public Health Agency Support

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

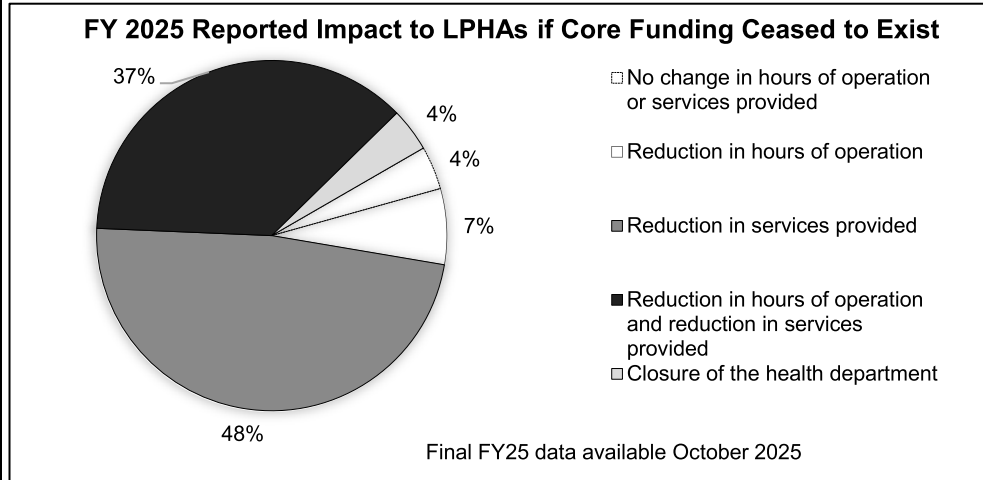
Health and Senior Services

AB Section(s): 10.755

Local Public Health Agency Support

Program is found in the following core budget(s): Local Public Health Agency Support

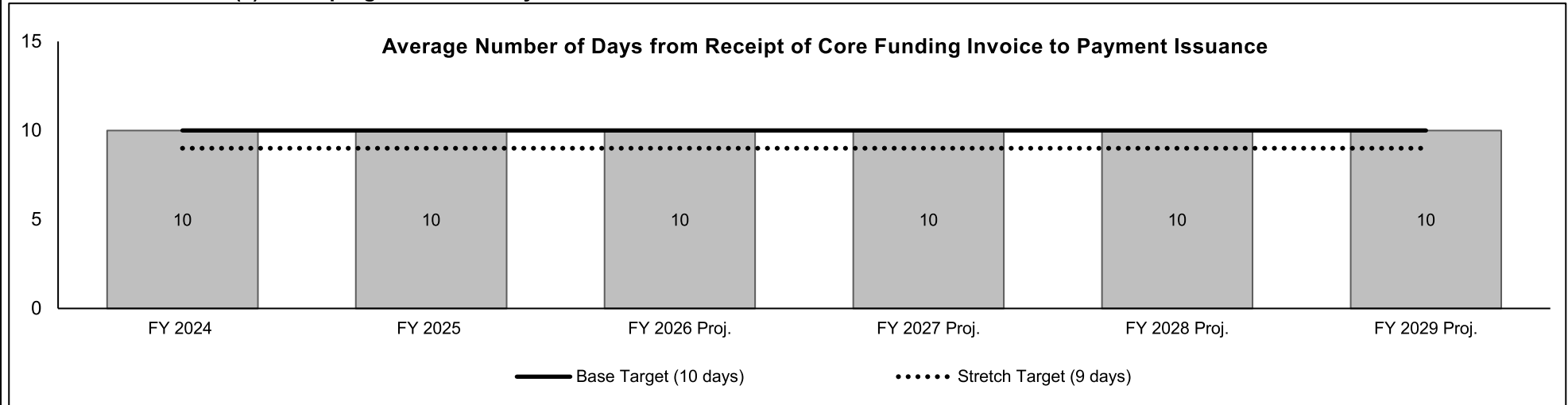
2c. Provide a measure(s) of the program's impact.



Total Public Health Revenue of LPHA Derived from CORE Participation		
Population of Jurisdiction	Number of LPHAs	Average of Total
< 6,000	10	18.37%
6,001 - 10,000	16	10.92%
10,000 - 25,000	45	8.81%
25,001 - 50,000	18	6.18%
50,001 - 150,000	18	5.71%
>150,000	8	3.18%

Source: LPHA Financial Report. Final data available November 2025.

2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.755</u>
Local Public Health Agency Support	
Program is found in the following core budget(s): Local Public Health Agency Support	
3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)	

Program Expenditure History

Fiscal Year	GR	FEDERAL	OTHER	TOTAL
FY 23 Actual	\$3,651,059	\$5,997,334	\$13,124	\$9,661,517
FY 24 Actual	\$8,890,844	\$6,073,666	\$8,502	\$14,973,012
FY 25 Actual	\$8,818,250	\$6,746,002	\$12,935	\$15,577,187
FY 26 Planned	\$9,993,007	\$10,019,612	\$14,573	\$20,027,192

4. What are the sources of the "Other " funds? Missouri Public Health Services Fund (1298).	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Sections 167.181, 191.668, 191.677, 192.020, 192.031, 192.072, 192.080, 192.090, 192.110, 192.510, 196.030, 196.045, 196.055, 196.240, 196.866, 196.951, 199.170-270, 199.350, 210.003, 210.050, 315.007, 322.140, 701.033, 701.326, 701.328, 701.336, and 701.343, RSMo (Disease Surveillance, Communicable Disease Prevention, Immunization, Environmental Public Health and Safety, Childhood Lead Poisoning Prevention).	
6. Are there federal matching requirements? If yes, please explain. No.	
7. Is this a federally mandated program? If yes, please explain. No.	

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.760</u>
Nutrition Initiatives Program	
Program is found in the following core budget(s):	
1a. What strategic priority does this program address? Build and strengthen partnerships, Use clear and concise communication to educate and build trust, Expand access to services, Invest in innovation to modernize infrastructure 1b. What does this program do? The nutrition initiatives programs implement services and activities that increase access to healthy, nutritious food, which in turn increases positive health outcomes for eligible Missourians and reduces preventable nutrition-related illnesses and deaths. Specific programs include: • WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children, which provides supplemental nutritious foods, nutrition education, breastfeeding promotion and support, and referrals to health and other social services for low-income pregnant, breastfeeding, and postpartum women, and to infants and children up to age five who are found to be at nutritional risk; • The Child and Adult Care Food Program (CACFP), which improves the nutritional health of children and adults in child care centers, family child care homes, adult day care facilities, emergency/homeless shelters, and afterschool programs; • The Summer Food Service Program (SFSP), which assures that low-income children continue to receive nutritious meals when school is not in session and during times of emergency such as the COVID-19 pandemic when all schools were closed or operating virtually; and • The Commodity Supplemental Food Program (CSFP), which improves the nutrient intake needed for adults 60 years of age and older by providing supplemental commodity food which contains needed sources of iron, calcium, protein, and vitamins A and C. • The programs improve nutritional health through a variety of services, such as: • Health screening and risk assessment; • Nutrition counseling; • Breastfeeding promotion and support; • Referrals to health and social services; • Benefits to purchase specific food items needed for good health; • Reimbursement for meals which meet federally prescribed guidelines; and • Distribution of commodity food packages.	

PROGRAM DESCRIPTION

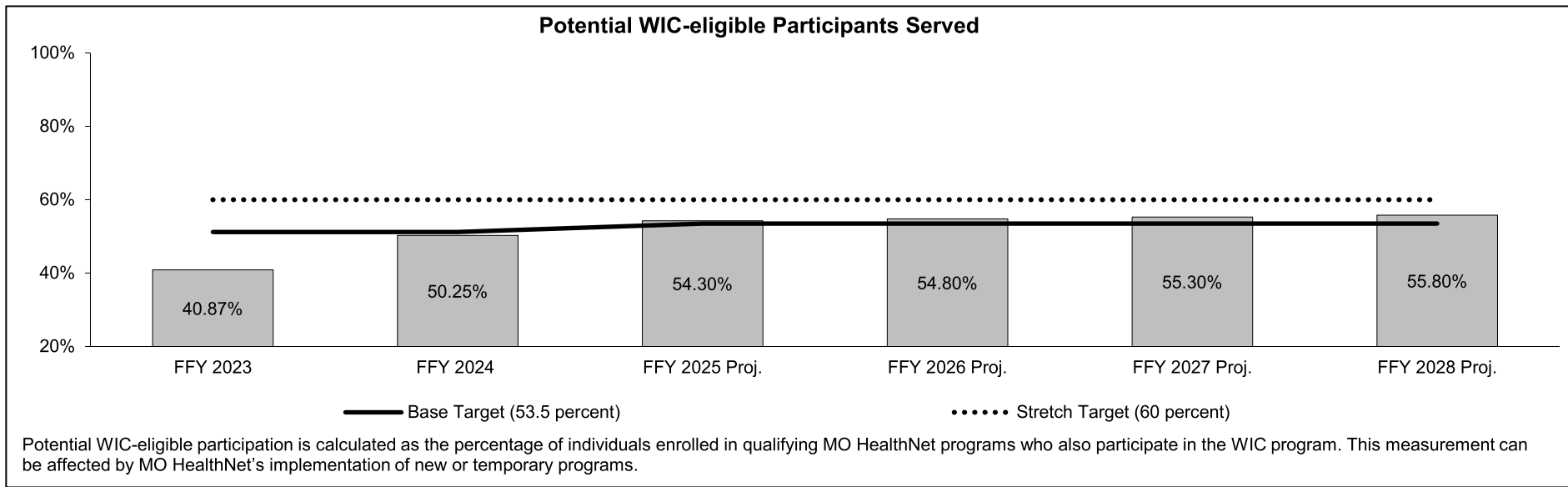
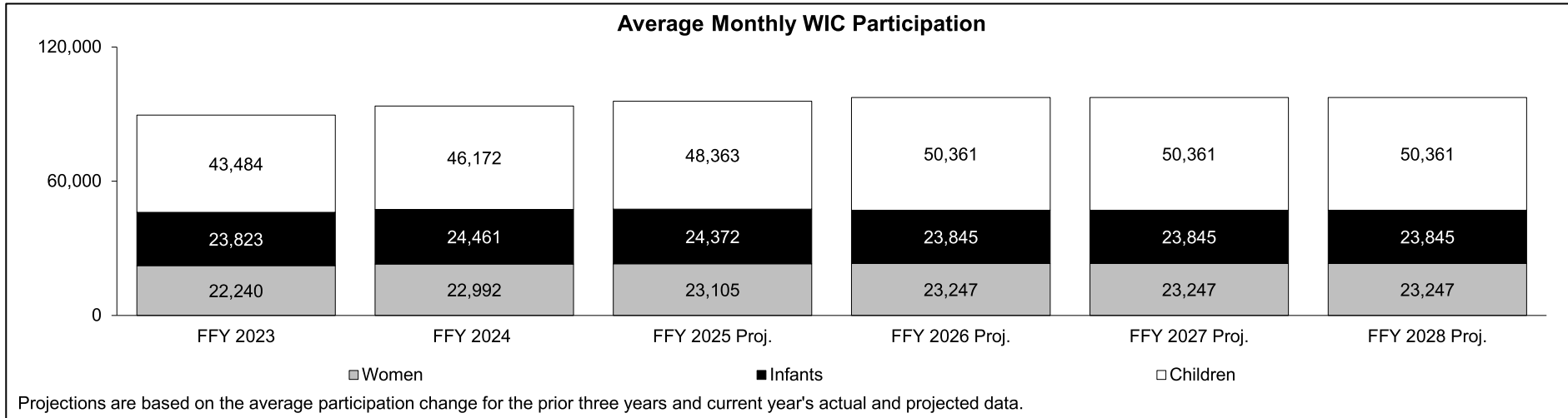
Department of Health and Senior Services

AB Section(s): 10.760

Nutrition Initiatives Program

Program is found in the following core budget(s):

2a. Provide an activity measure(s) for the program.



PROGRAM DESCRIPTION

Department of Health and Senior Services

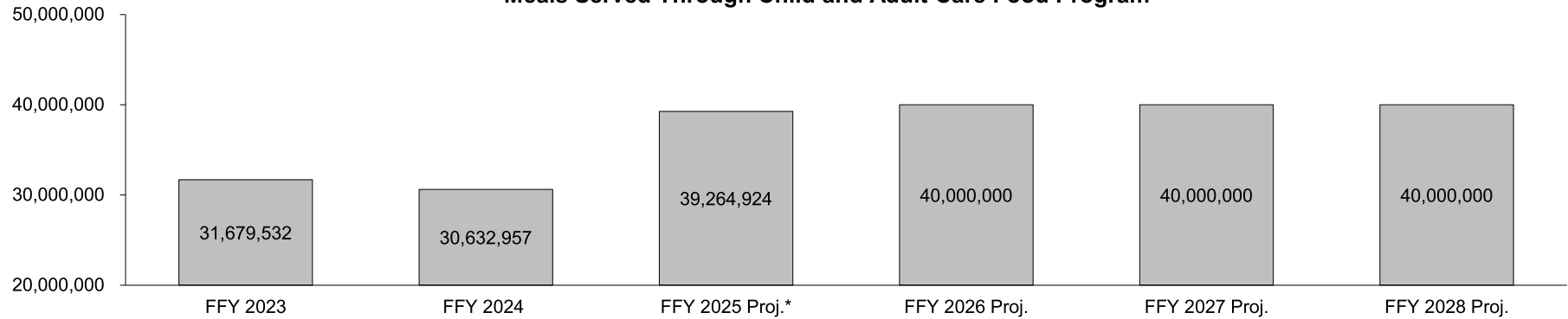
AB Section(s): 10.760

Nutrition Initiatives Program

Program is found in the following core budget(s):

2a. Provide an activity measure(s) for the program. (continued)

Meals Served Through Child and Adult Care Food Program

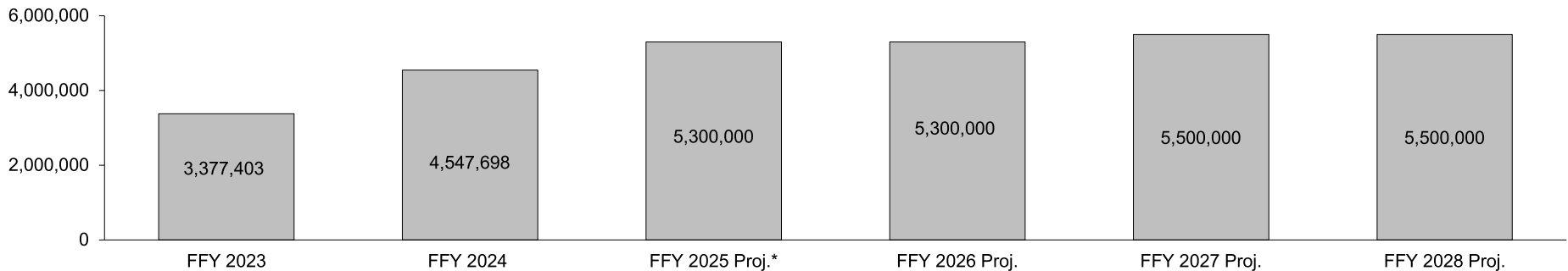


The Child and Adult Care Food Program serves:

Children ages 18 and under enrolled in child care centers, child care homes, group homes, afterschool at-risk area programs, those residing in emergency shelters with their families and adult day care, with adults age 60 years and older and those 18 years of age and older with physical or mental disabilities who are unable to live independently and perform daily activities; and children ages 15 and under who are children of migrant workers.

*Final FFY 2025 data will not be available until after December 2025.

Meals Served Through Summer Food Service Program



The Summer Food Service Program serves: Children aged 18 and under, and physically or mentally disabled adults who participate in school-sponsored programs during the school year.

*Final FFY 2025 data will not be available until after December 2025.

PROGRAM DESCRIPTION

Department of Health and Senior Services

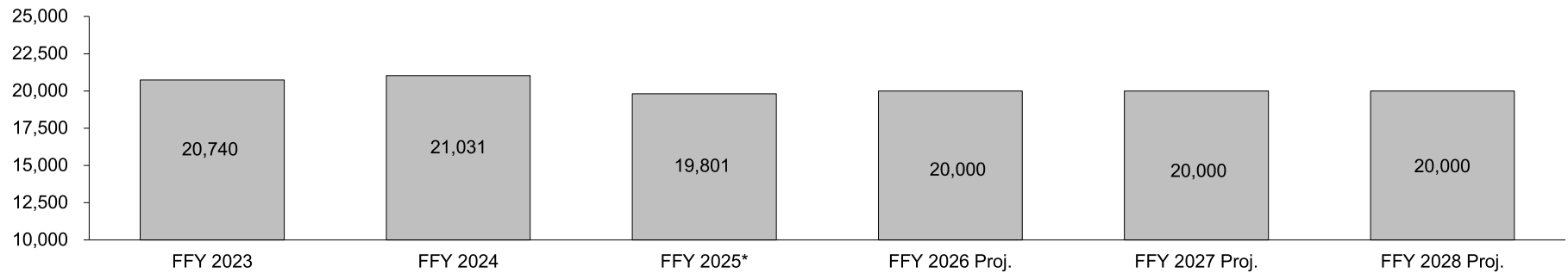
AB Section(s): 10.760

Nutrition Initiatives Program

Program is found in the following core budget(s):

2a. Provide an activity measure(s) for the program. (continued)

Commodity Boxes Distributed Monthly Through the Commodity Supplemental Food Program

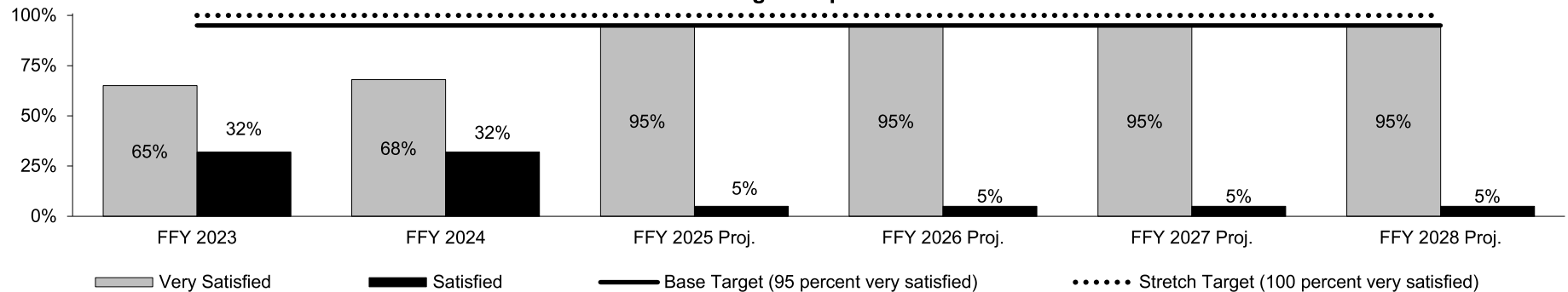


Commodity boxes are distributed monthly to qualified program participants age 60 and older through local food pantries. Each monthly commodity box contains: fruits and juices; dry cereal, farina, rolled oats, or grits; proteins (canned beef, chicken, beef stew, chili, tuna, or salmon); milk (UHT shelf stable or instant nonfat dry); peanut butter/dry beans; potatoes, pasta, or rice; cheese; and vegetables.

*Participation decreased during the previous year which led to USDA decreasing caseload for FFY2025.

2b. Provide a measure(s) of the program's quality.

Summer Food Service Program Sponsor Satisfaction



Survey measures percentage of respondents satisfied with the guidance and assistance provided by the SFSP staff.

PROGRAM DESCRIPTION

Department of Health and Senior Services

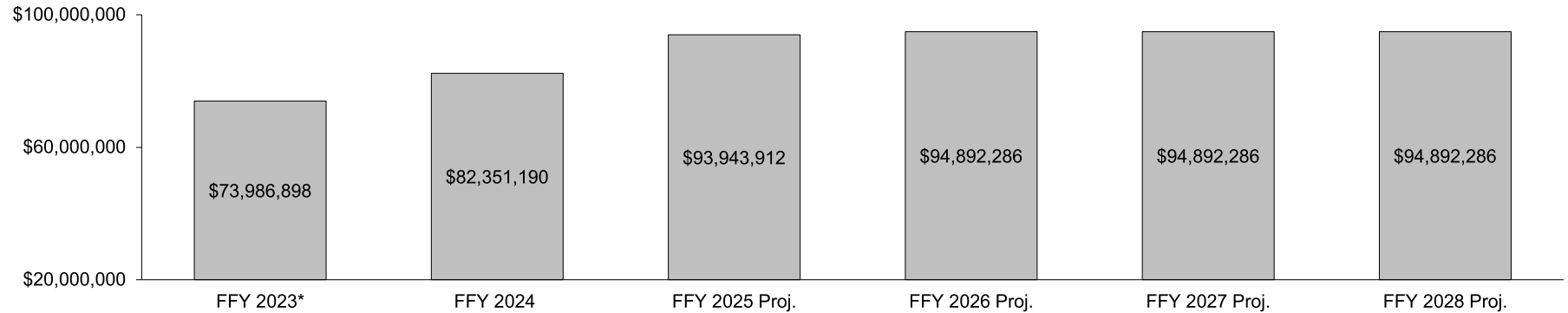
AB Section(s): 10.760

Nutrition Initiatives Program

Program is found in the following core budget(s):

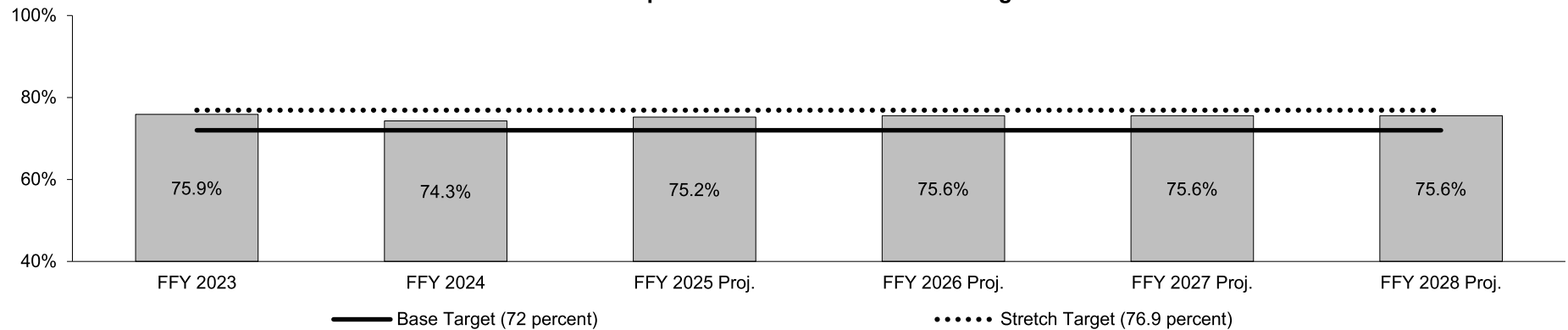
2c. Provide a measure(s) of the program's impact.

WIC Reimbursement to Retailers



*The increase in FFY 2023 is due to the increase of Cash Value Benefits (CVB) after the Consolidated Appropriations Act of 2023 was signed into law on December 29, 2022. WIC participation increased in FFY 2024, leading to a higher rate of redemption at Missouri's retailers.

WIC Participants Who Initiated Breastfeeding



Breastfeeding reduces an infant's risk of Sudden Infant Death Syndrome (SIDS), infections, and obesity. Breastfeeding also reduces the risk of cancer and diabetes for both mother and infant. National average is 70 percent, according to the 2022 USDA WIC Participant and Program Characteristics Report.

PROGRAM DESCRIPTION

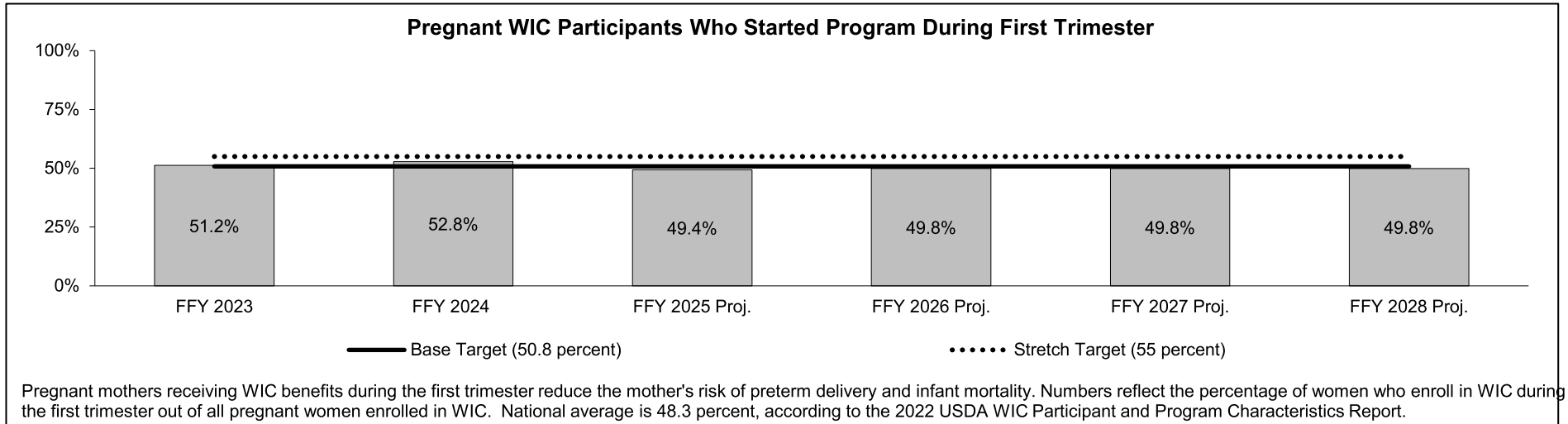
Department of Health and Senior Services

AB Section(s): 10.760

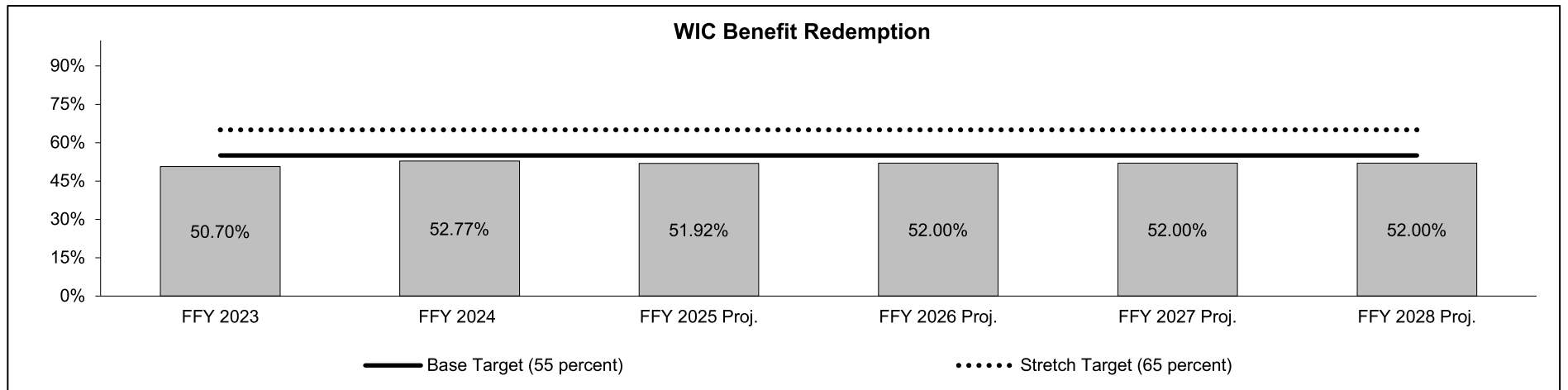
Nutrition Initiatives Program

Program is found in the following core budget(s):

2c. Provide a measure(s) of the program's impact. (continued)



2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

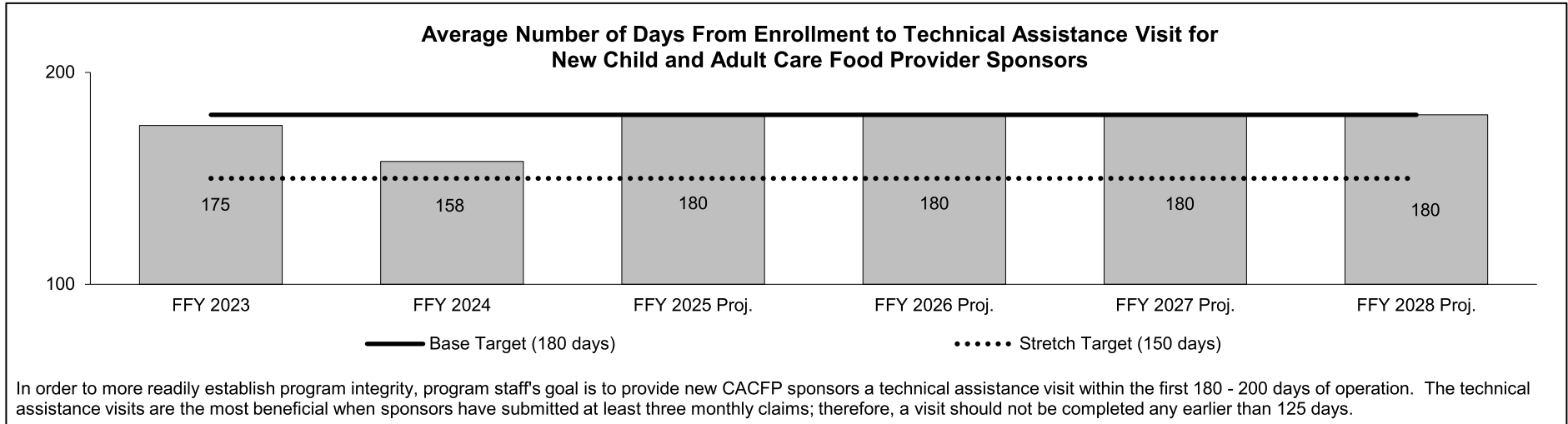
Department of Health and Senior Services

AB Section(s): 10.760

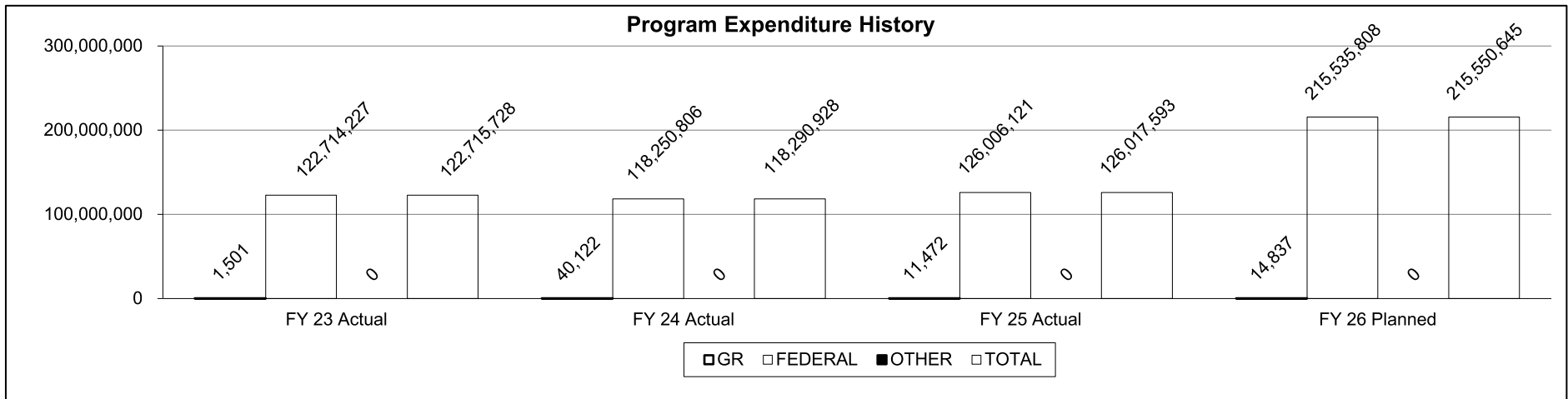
Nutrition Initiatives Program

Program is found in the following core budget(s):

2d. Provide a measure(s) of the program's efficiency. (continued)



3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.760</u>
Nutrition Initiatives Program	
Program is found in the following core budget(s):	
4. What are the sources of the "Other " funds? Not applicable.	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) WIC: Child Nutrition Act of 1966, 42 U.S. Code Sections 1771, 1786, Healthy, Hunger-Free Kids Act of 2010; CACFP: Richard B Russell National School Lunch Act, 42 U.S. Code 1766, Section 17; Section 210.251, RSMo; SFSP: Richard B Russell National School Lunch Act, 42 U.S. Code 1761, Section 13; Section 191.810, RSMo; and CSFP: Farm Security and Rural Investment Act of 2002, 7 U.S. Code 612c; Section 208.603, RSMo.	
6. Are there federal matching requirements? If yes, please explain. No.	
7. Is this a federally mandated program? If yes, please explain. Yes, these programs are required to be administered in every state and are 100 percent federally funded.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.765</u>
Rural Health and Primary Care Initiatives	
Program is found in the following core budget(s): Rural Health and Primary Care Initiatives	
1a. What strategic priority does this program address? Build and strengthen partnerships, Expand access to services, Re-envision and strengthen the workforce 1b. What does this program do? The Office of Rural Health and Primary Care (ORHPC), comprised of the State Office of Rural Health (SORH) and the Primary Care Office (PCO), enhances access to health care services to rural and underserved populations and communities to improve the health status of Missouri residents. ORHPC does this by working closely with local health advocates, associations, universities, hospitals and clinics, and providers on a variety of community development activities and providing resources and leadership for health care access initiatives. SORH provides leadership in the development and coordination of rural health initiatives to support, strengthen, and improve rural health care. Activities include being a central solution for the collection and dissemination of information related to rural health and health care issues, and innovative health care delivery approaches; monitoring, coordinating, and facilitating rural health efforts with a focus on avoiding duplication and inefficiencies; and providing technical assistance to rural health stakeholders to support their efforts. Additionally, SORH develops and promotes diverse and innovative health care service models, and educates about appropriate public policies to ensure the viability of rural health care delivery. Programs and contracts include, but are not limited to: providing technical assistance, trainings and webinars to rural health facilities such as rural health clinics, critical access hospitals, and small rural hospitals; and the Rural Track Pipeline Program, which establishes rural training sites, identifies and develops community based faculty preceptors, recruits rural students into health care professions; and collaborates with other state and national leaders to promote the advancement of rural health care. PCO works to improve primary care service delivery by conducting workforce assessments, managing health professional shortage designations, and addressing workforce availability to meet the needs Missourians. The PCO partners with federal and state programs, communities, private entities, health care facilities, and providers to assess, develop, and expand comprehensive, community-based primary health care services. PCO manages multiple programs, including Missouri's J-1 Visa, National Interest Waiver (NIW), and health professional loan repayment programs; helping to recruit and retain health professionals in underserved communities; and collaborating and providing technical assistance to support improved access to primary care services. PCO also administers the Rural Physician Grant Program awarding funding to primary care physicians to relocate to a Health Professional Shortage Area (HPSA) in exchange for a five-year service obligation and the Missouri Graduate Medical Education Grant Program established in FY 2024 to increase primary care residency slots in Missouri.	

PROGRAM DESCRIPTION

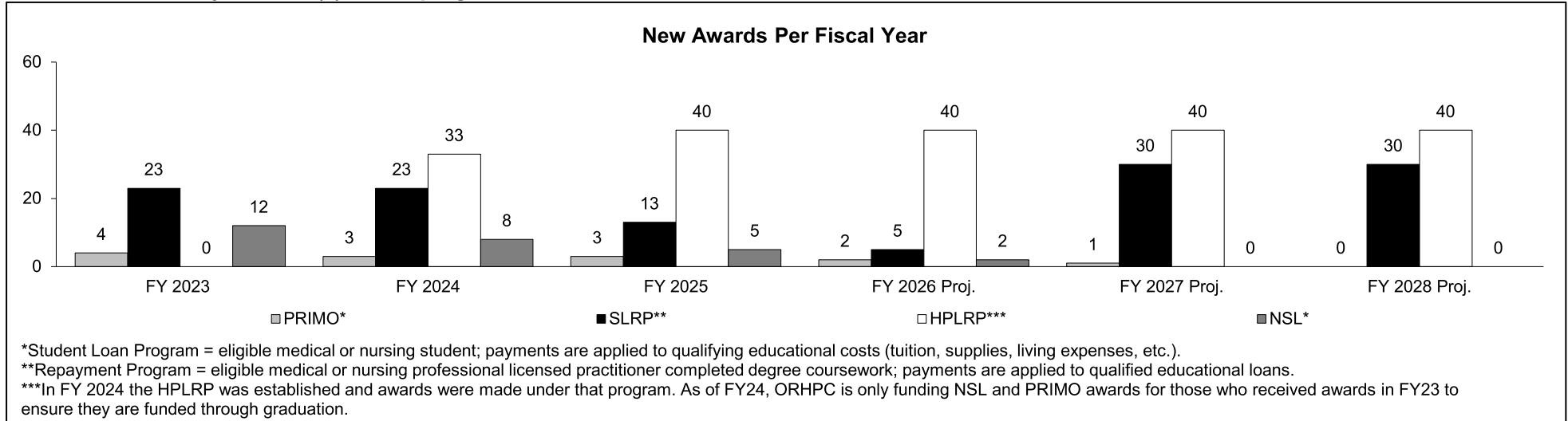
Health and Senior Services

AB Section(s): 10.765

Rural Health and Primary Care Initiatives

Program is found in the following core budget(s): Rural Health and Primary Care Initiatives

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality.

Loan Recipient Service Obligation Status Per Fiscal Year												
Program	FY 2023			FY 2024			FY 2025			FY 2026 Proj.		
	Active Loan Recipients Serving Their Obligation During FY	Loan Recipients Completed Service Obligation During FY	Loan Recipients Defaulted During FY	Active Loan Recipients Serving Their Obligation During FY	Loan Recipients Completed Service Obligation During FY	Loan Recipients Defaulted During FY	Active Loan Recipients Serving Their Obligation During FY	Loan Recipients Completed Service Obligation During FY	Loan Recipients Defaulted During FY	Active Loan Recipients Serving Their Obligation During FY	Loan Recipients Completed Service Obligation During FY	Loan Recipients Defaulted During FY
PRIMO	16	4	1	12	5	0	7	4	1	4	2	0
SLRP	47	18	0	52	19	0	46	15	0	36	15	0
HPLRP	0	0	0	0	0	0	73	0	0	113	33	0
NSL	14	5	0	11	9	1	5	3	0	5	1	0

FY25 numbers are higher than projected for HPLRP and SLRP because ORHPC changed the application cycle, resulting in two award cycles during FY25. As of FY 2024, ORHPC will only be funding NSL and PRIMO awards for those who received awards in FY 2023, to ensure they are funded through graduation. Recipients serving their obligation during the fiscal year does not include those awarded in that fiscal year as their contract service obligation starts on July 1 of the following fiscal year. In FY 2024 the HPLRP was established and awards began.

PROGRAM DESCRIPTION

Health and Senior Services

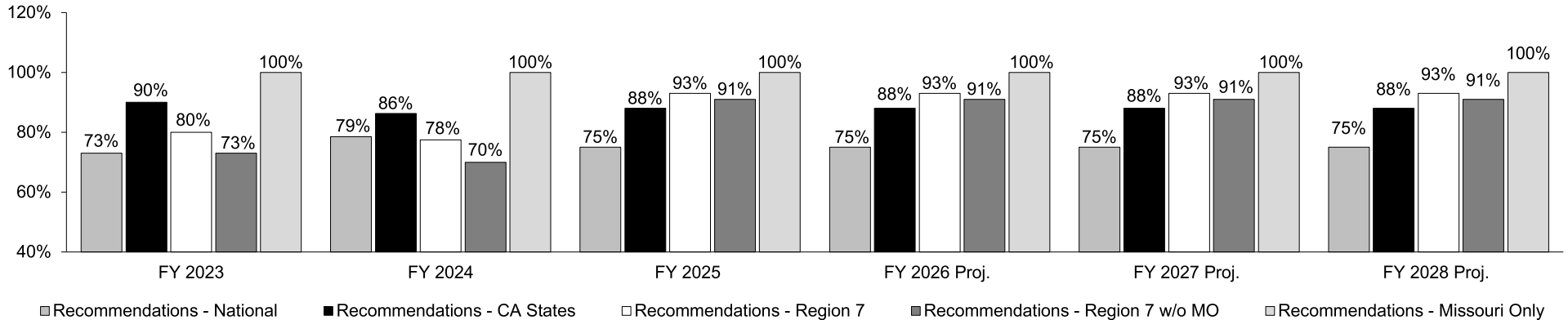
AB Section(s): 10.765

Rural Health and Primary Care Initiatives

Program is found in the following core budget(s): Rural Health and Primary Care Initiatives

2b. Provide a measure(s) of the program's quality. (continued)

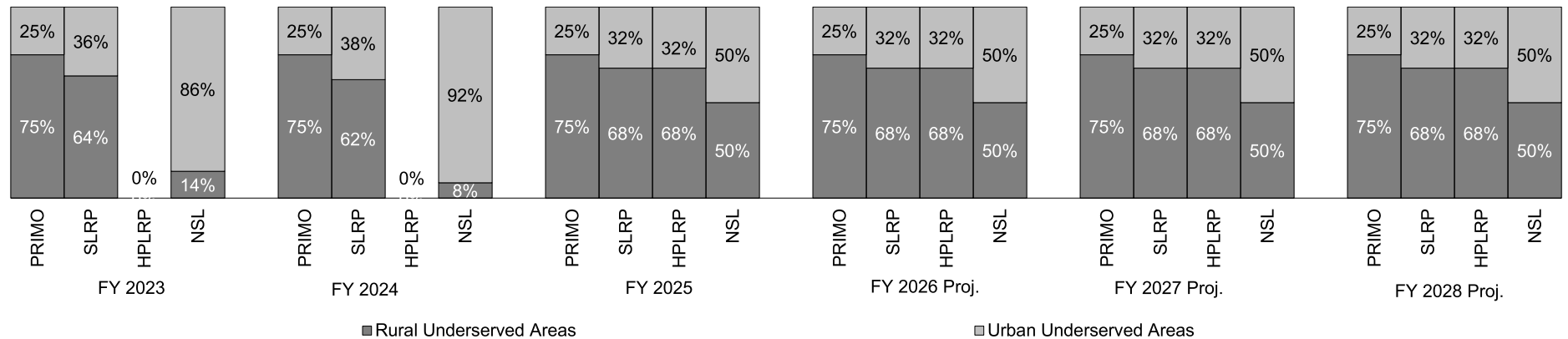
J-1 Visa Conrad State 30 Waiver Recommendation Slots Filled Per Fiscal Year



Percentages of J-1 Visa Conrad 30 Waiver slot recommendations were made for the following areas: Nationally, Contiguous Area (CA) states for Missouri (Nebraska, Iowa, Kansas, Illinois, Arkansas, Oklahoma, Kentucky, and Tennessee), Region 7 as a whole (Missouri, Nebraska, Kansas and Iowa), Region 7 without Missouri, and Missouri only.

2c. Provide a measure(s) of the program's impact.

Loan Repayment Program by Geographic Working Location



HPLRP did not begin until FY 2024 and those awarded began service in FY 2025.

PROGRAM DESCRIPTION

Health and Senior Services

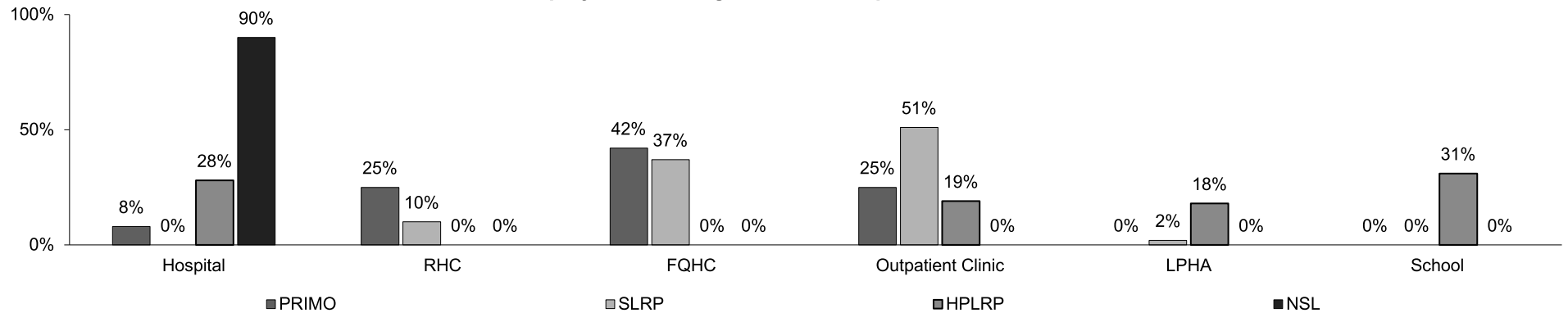
AB Section(s): 10.765

Rural Health and Primary Care Initiatives

Program is found in the following core budget(s): Rural Health and Primary Care Initiatives

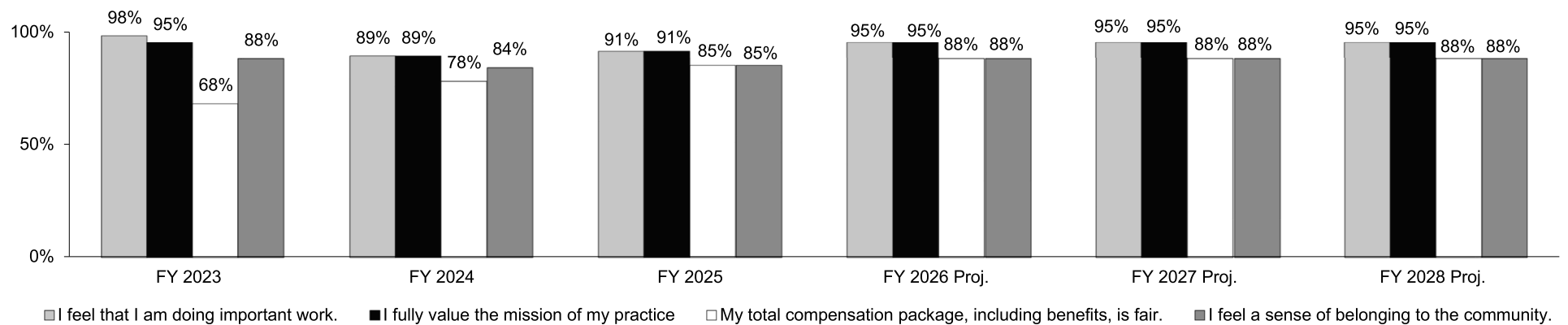
2c. Provide a measure(s) of the program's impact. (continued)

Employment Settings of Loan Recipients in FY 2025



RHC-Rural Health Clinic; FQHC-Federally Qualified Health Clinic; LPHA-Local Public Health Agency. HPLRP did not begin until FY 2024 and those awarded began service in FY 2025.

Reasons Clinicians Continue to Practice in Rural Areas



Data for Clinician Satisfaction and Retention acquired from Practice Sights Retention Collaborative and Data Management System.

PROGRAM DESCRIPTION

Health and Senior Services

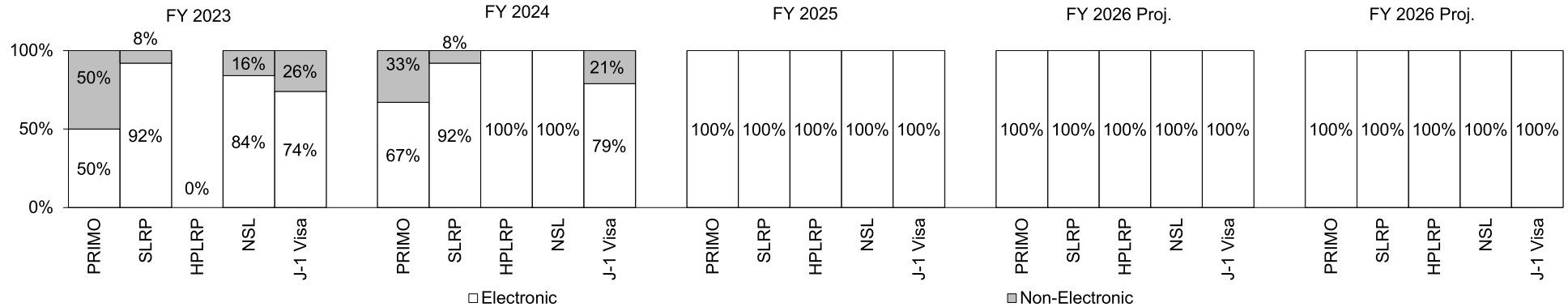
AB Section(s): 10.765

Rural Health and Primary Care Initiatives

Program is found in the following core budget(s): Rural Health and Primary Care Initiatives

2d. Provide a measure(s) of the program's efficiency.

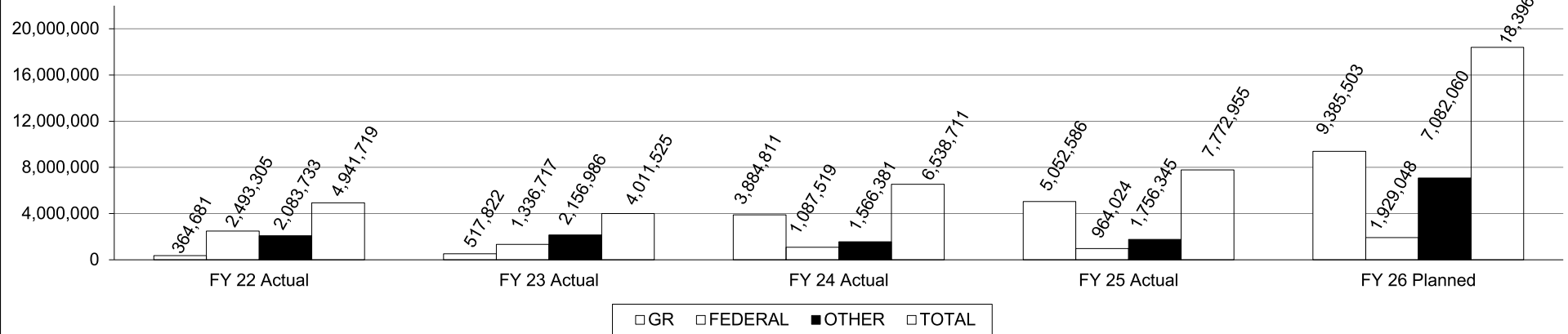
Loan Repayment Program Application Submission Type



In FY 2021 ORHPC implemented an electronic application submission option. Electronic submission includes applications received via an electronic system, email, or facsimile. Non-Electronic submission includes mail submissions. The HPLRP was established in FY 2024.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History



PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.765</u>
Rural Health and Primary Care Initiatives	
Program is found in the following core budget(s): Rural Health and Primary Care Initiatives	
4. What are the sources of the "Other " funds? Health Initiatives Fund (1275), Health Access Incentive Fund (1276), Professional and Practical Nursing Student Loan and Nurse Loan Repayment Fund (1565), and Department of Health Donated Fund (1658).	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Section 135.690, RSMo (Community-Based Faculty Preceptor Tax Credit), Section 191.500, RSMo (Student Loans); Section 191.430, RSMo (Health Professional Loan Repayment Program); Section 191.592, RSMo (Graduate Medical Education), Section 192.604, RSMo (Office of Rural Health); and Section 333(D), Public Health Service (PHS) Act (Primary Care Office).	
6. Are there federal matching requirements? If yes, please explain. Yes, the State Office of Rural Health requires a three dollar state to one dollar federal match.	
7. Is this a federally mandated program? If yes, please explain. No.	

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.770

Oral Health Services and Initiatives

Program is found in the following core budget(s): **Oral Health Services and Initiatives**

1a. What strategic priority does this program address?

Build and strengthen partnerships, Expand access to services, Re-envision and strengthen the workforce

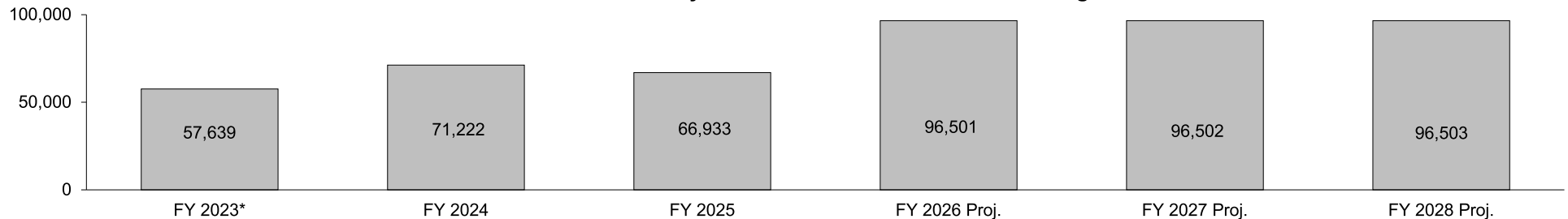
1b. What does this program do?

The Office of Dental Health (ODH) implements evidence-based strategies to improve the oral health of Missourians. ODH activities include the following:

- Administering the Preventive Services Program (PSP) to deliver education and preventive oral health treatments to Missouri children;
- Providing training and support for communities and stakeholders for community water fluoridation programs;
- Working with partners to increase access to dental care, including Truman Medical Center for the Elks Mobile Dental Program and the Dental Lifeline Network for the Donated Dental Services program;
- Educating the general public, dental and medical providers, public health officials, and decision-makers on a broad range of oral health topics including strategies to prevent dental problems, the consequences of poor oral health on overall health, and community water fluoridation;
- Implementing strategies to reduce gaps in the oral health workforce, such as using teledentistry services to people with limited access to dental care, namely in nursing homes, and working partners to increase dental services to Veterans;
- Coordinating the Evidence-Based Preventive Dental Services Program by working with clinics, dental schools and local public health agencies to partner with local schools and to provide onsite evidence-based preventive dental services to prevent dental decay in children.

2a. Provide an activity measure(s) for the program.

Children Served by Oral Health Preventive Services Program



*Since access to schools under COVID-19 restrictions was severely limited, the program's education, screening, and varnish application was interrupted. By FY 2024, operations were closer to pre-pandemic levels.

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.770

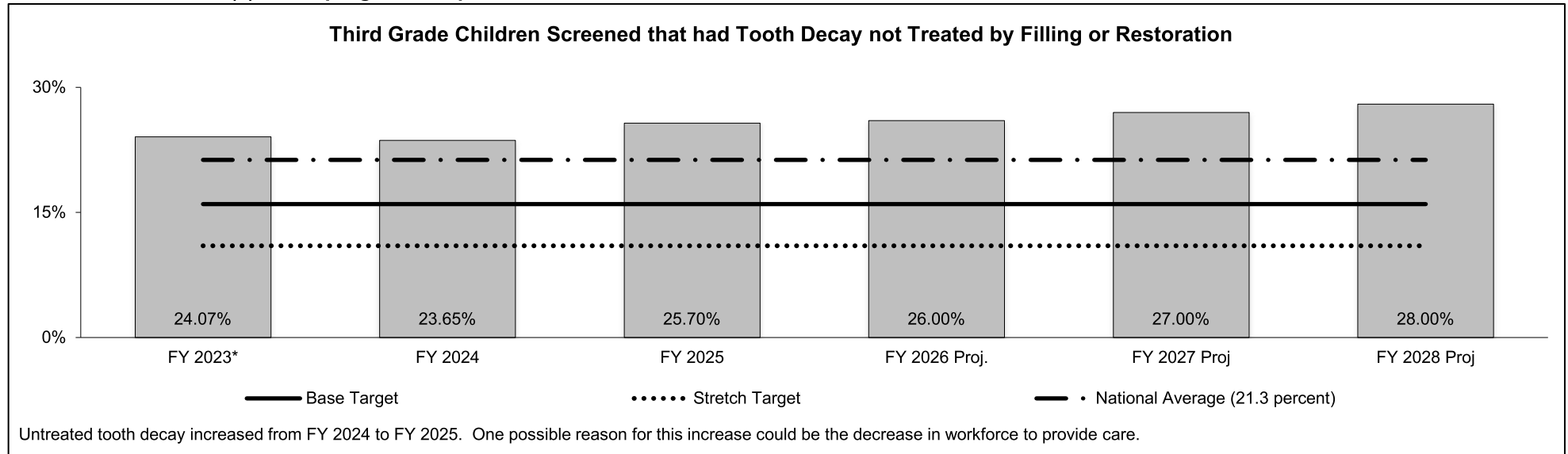
Oral Health Services and Initiatives

Program is found in the following core budget(s): Oral Health Services and Initiatives

2b. Provide a measure(s) of the program's quality.

Preventive Services Program (PSP) Events Survey of PSP Coordinators			
How satisfied are you with PSP?			
	Satisfied	Neutral	Dissatisfied
FY23	98.83%	1.17%	0.00%
FY24	99.64%	0.18%	0.18%
FY25	100.00%	0.00%	0.00%
FY26 Proj.	100.00%	0.00%	0.00%
FY27 Proj.	100.00%	0.00%	0.00%
FY28 Proj.	100.00%	0.00%	0.00%

2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

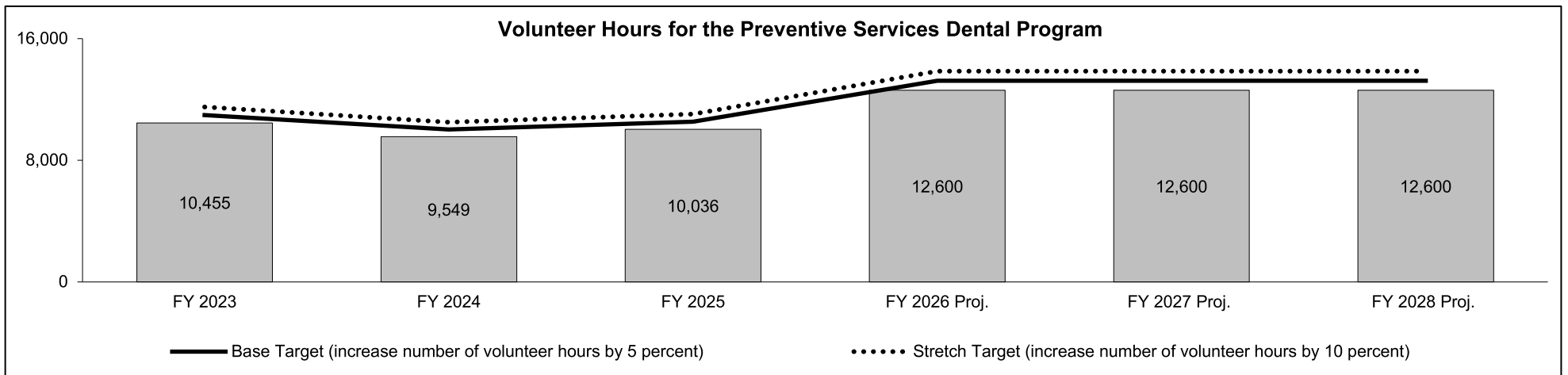
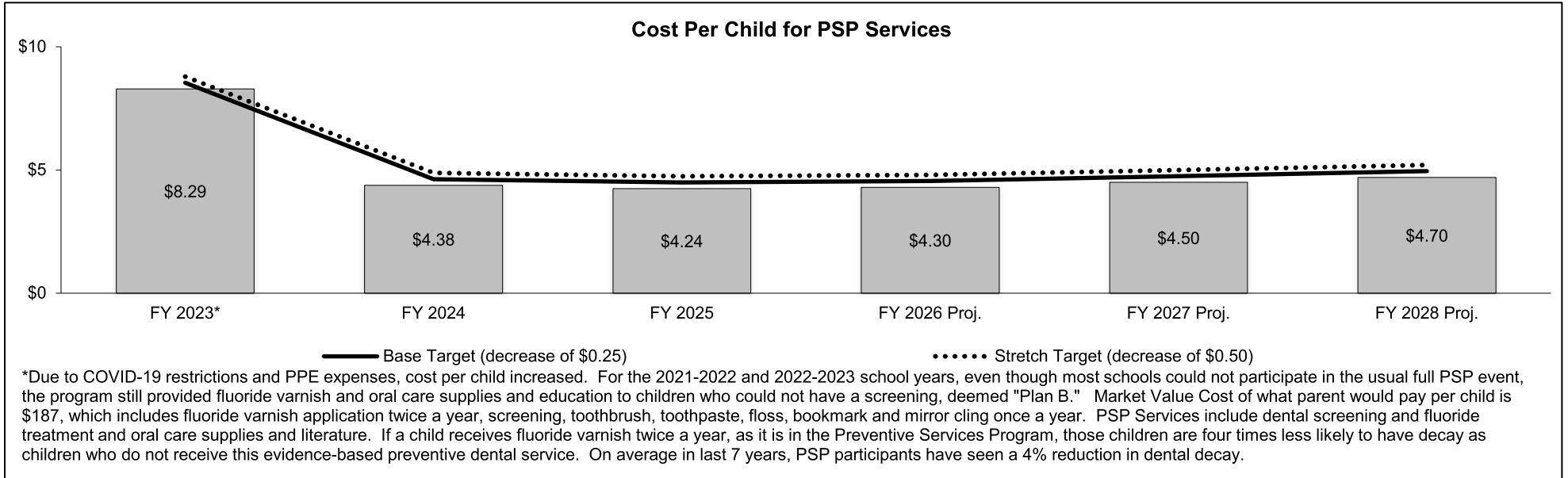
Health and Senior Services

AB Section(s): 10.770

Oral Health Services and Initiatives

Program is found in the following core budget(s): Oral Health Services and Initiatives

2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

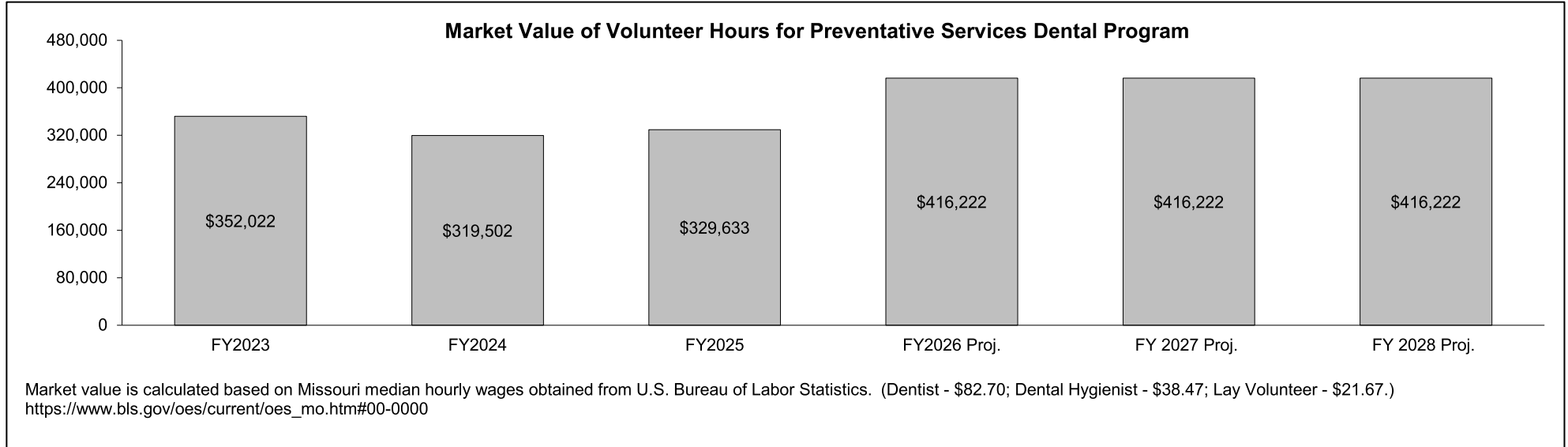
Health and Senior Services

AB Section(s): 10.770

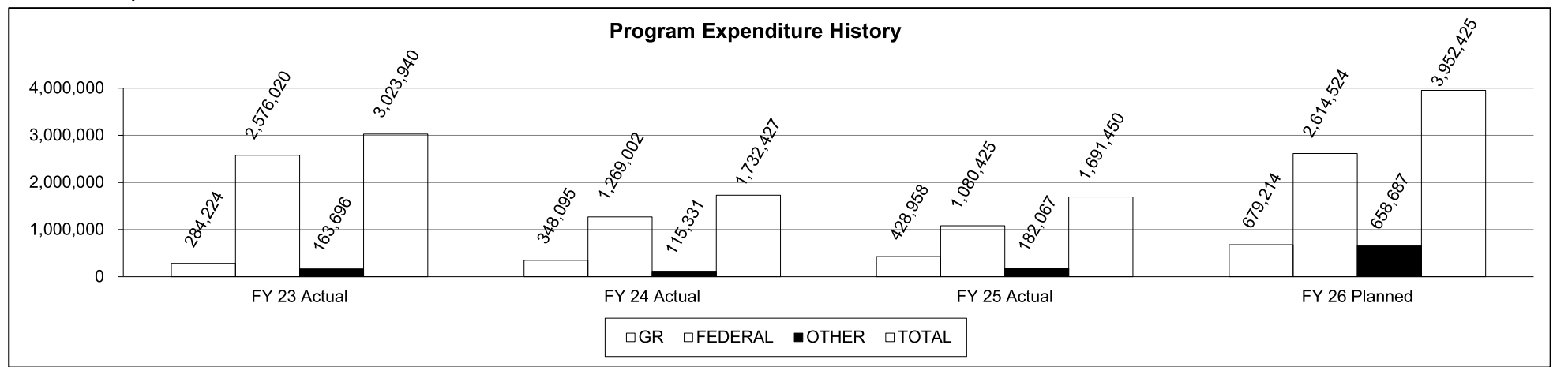
Oral Health Services and Initiatives

Program is found in the following core budget(s): Oral Health Services and Initiatives

2d. Provide a measure(s) of the program's efficiency. (continued)



3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



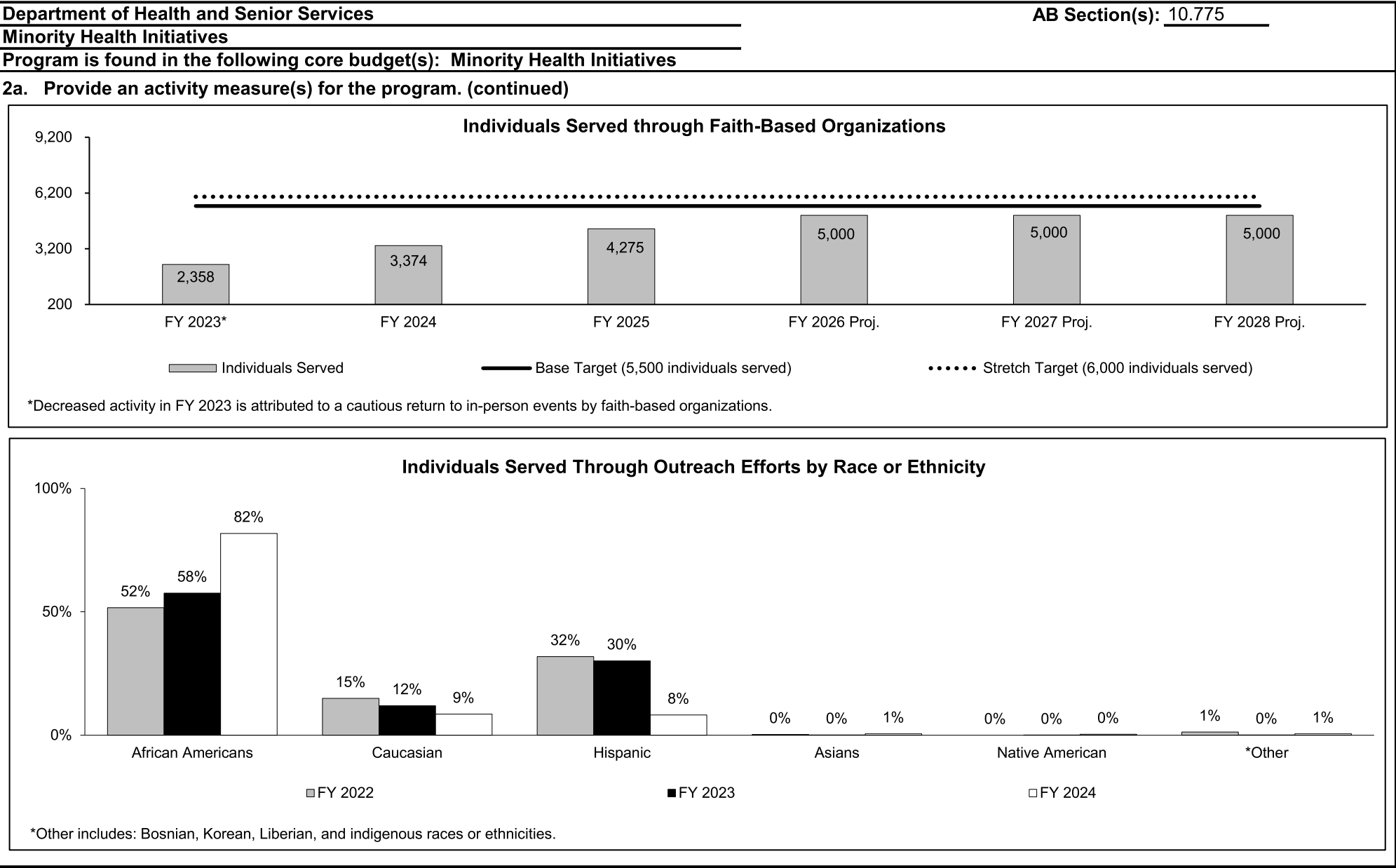
PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.770</u>
Oral Health Services and Initiatives	
Program is found in the following core budget(s): Oral Health Services and Initiatives	
4. What are the sources of the "Other " funds? Department of Health Donated Fund (1658) and Health Initiatives Fund (1275).	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Section 192.050, RSMo.	
6. Are there federal matching requirements? If yes, please explain. Yes, the Title V Maternal and Child Health Services Block grant requires three dollars of state funds for every four dollars of federal funds and the HRSA grant requires a 40 percent match from a non-federal source.	
7. Is this a federally mandated program? If yes, please explain. No.	

PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.775</u>																																																
Minority Health Initiatives																																																	
Program is found in the following core budget(s): Minority Health Initiatives																																																	
1a. What strategic priority does this program address? Build and strengthen partnerships, Expand access to services, Use clear and concise communication to build trust. 1b. What does this program do? The Minority Health Initiatives (MHI) exists to decrease health disparities in minority and "hard to reach" (underserved/vulnerable) communities. Some of the Office activities include the following: • Conducting public health interventions, providing technical support, and designing culturally appropriate health messages; • Providing educational outreach to faith-based organizations, geographically, culturally, and economically isolated minority populations; • Focusing on drug addiction prevention, violence prevention, infant mortality, viral disease reduction (HIV/AIDS), obesity, diabetes, and chronic diseases; • Providing educational opportunities to Missouri senior citizens across the State of Missouri; • Working and collaborating with Lincoln University to create agricultural businesses, and educational opportunities for youth, adults, and senior citizens; and • Advising, supporting, and providing resources to the Missouri Legislative Black Caucus, Local and Statewide Ecumenical Clergy, Church of God In Christ (COGIC), Metropolitan Clergy Coalition, and Hispanic Leaders Group. 2a. Provide an activity measure(s) for the program. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="6" style="text-align: center;">Health Screenings Conducted by Agencies at Events Co-Sponsored by the DHSS Minority Health Initiatives in FY 2025</th> </tr> <tr> <td>Blood Pressure Checks</td> <td style="text-align: center;">746</td> <td>HIV Testing</td> <td style="text-align: center;">88</td> <td>STD Testing</td> <td style="text-align: center;">172</td> </tr> <tr> <td>Nutritional Carotenoids</td> <td style="text-align: center;">98</td> <td>Colon Cancer Test Kits</td> <td style="text-align: center;">23</td> <td>Mental Health Awareness</td> <td style="text-align: center;">60</td> </tr> <tr> <td>Cholesterol</td> <td style="text-align: center;">78</td> <td>Dental Hygiene</td> <td style="text-align: center;">121</td> <td>EKG</td> <td style="text-align: center;">72</td> </tr> <tr> <td>Diabetes/A1C</td> <td style="text-align: center;">55</td> <td>O2 Saturation</td> <td style="text-align: center;">375</td> <td>Flu Shots</td> <td style="text-align: center;">86</td> </tr> <tr> <td>Eye Exam</td> <td style="text-align: center;">9</td> <td>Immunizations</td> <td style="text-align: center;">40</td> <td>Lupus</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Glucose</td> <td style="text-align: center;">65</td> <td>Chiropractic</td> <td style="text-align: center;">62</td> <td></td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">GRAND TOTAL</td> <td style="text-align: center;">2,151</td> </tr> </table> Number of screenings conducted are based on community requests.		Health Screenings Conducted by Agencies at Events Co-Sponsored by the DHSS Minority Health Initiatives in FY 2025						Blood Pressure Checks	746	HIV Testing	88	STD Testing	172	Nutritional Carotenoids	98	Colon Cancer Test Kits	23	Mental Health Awareness	60	Cholesterol	78	Dental Hygiene	121	EKG	72	Diabetes/A1C	55	O2 Saturation	375	Flu Shots	86	Eye Exam	9	Immunizations	40	Lupus	1	Glucose	65	Chiropractic	62							GRAND TOTAL	2,151
Health Screenings Conducted by Agencies at Events Co-Sponsored by the DHSS Minority Health Initiatives in FY 2025																																																	
Blood Pressure Checks	746	HIV Testing	88	STD Testing	172																																												
Nutritional Carotenoids	98	Colon Cancer Test Kits	23	Mental Health Awareness	60																																												
Cholesterol	78	Dental Hygiene	121	EKG	72																																												
Diabetes/A1C	55	O2 Saturation	375	Flu Shots	86																																												
Eye Exam	9	Immunizations	40	Lupus	1																																												
Glucose	65	Chiropractic	62																																														
				GRAND TOTAL	2,151																																												

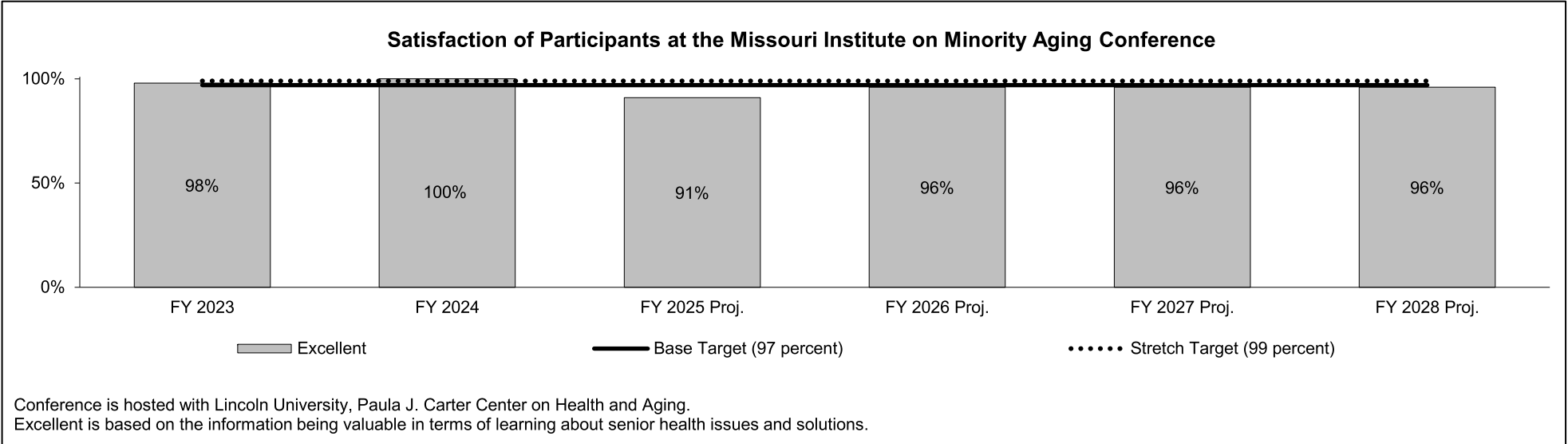
PROGRAM DESCRIPTION



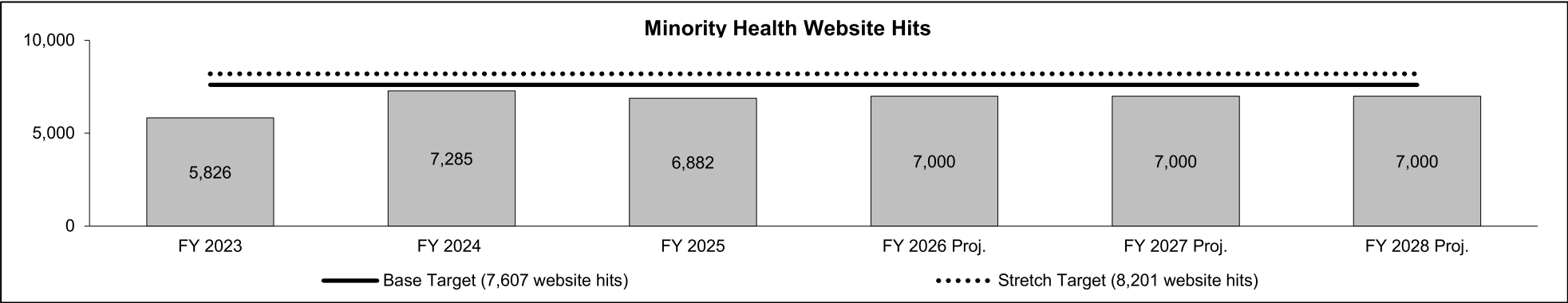
PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): 10.775
Minority Health Initiatives	
Program is found in the following core budget(s): Minority Health Initiatives	

2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

Department of Health and Senior Services AB Section(s): 10.775

Minority Health Initiatives

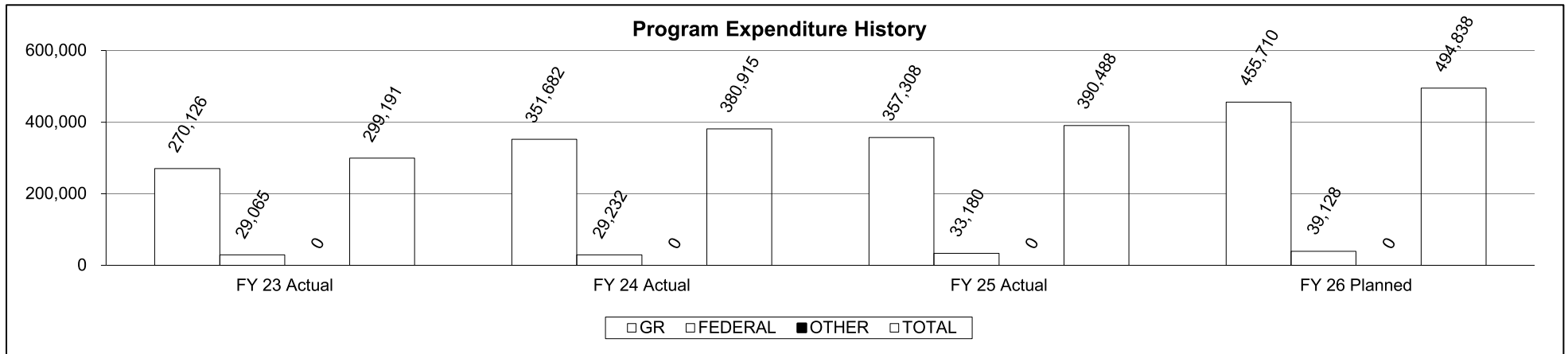
Program is found in the following core budget(s): Minority Health Initiatives

2d. Provide a measure(s) of the program's efficiency.

Individuals Served By Regional Community Engagement						
	FY 2023	FY 2024	FY 2025 Proj.**	FY 2026 Proj.**	FY 2027 Proj.**	FY 2028 Proj.**
Central	1,025	3,741	1,200	1,200	1,200	1,200
Eastern	71,375	45,136	30,000	30,000	30,000	30,000
Northeast	0	147	150	150	150	150
Southeast	1063*	422	1,100	1,100	1,100	1,100
Southwest	63*	561	1,200	1,200	1,200	1,200
Western	2,573	45,292	30,000	30,000	30,000	30,000

*The Southwest and Southeast regions of the state held fewer community engagement activities.
 **Projections are conservative as community engagement continues to increase from the pandemic.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Department of Health and Senior Services	AB Section(s): <u>10.775</u>
Minority Health Initiatives	
Program is found in the following core budget(s): Minority Health Initiatives	
4. What are the sources of the "Other " funds? Not applicable.	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Section 192.083, RSMo.	
6. Are there federal matching requirements? If yes, please explain. Not applicable.	
7. Is this a federally mandated program? If yes, please explain. Not applicable.	

PROGRAM DESCRIPTION

Health and Senior Services	HB Section(s): <u>10.780</u>
Women's Health and Wellness	
Program is found in the following core budget(s): Women's Health and Wellness	
1a. What strategic priority does this program address? Build and strengthen partnerships, Use clear and concise communication to educate and build trust, and Expand access to services 1b. What does this program do? Women's Health Initiatives protects and improves the health of women, infants, children, young adults, and families by coordinating programs and activities across the state. These programs and activities include: • Pregnancy Associated Mortality Reviews (PAMR) - Analyzes causes of maternal deaths and develops intervention recommendations to prevent such deaths. • Sexual Violence Prevention and Response Program - This program contracts with public universities and non-profit organizations to implement evidence-based sexual violence prevention programs with communities, students, teachers, staff, and parents, and educate nurses and medical providers on forensic exams after sexual assault. • Sexual Assault Forensic Exams via Telehealth (SAFEvT) - Expands access to forensic exams following sexual assault to all hospitals in the state using telehealth. • Maternal Mortality Prevention Plan - These efforts include maternal quality care protocols to standardize maternal care practices and provide a compendium of best practice tools, care guidelines, a hospital-level implementation guide, and educational materials; a perinatal health access collaborative to allow general practitioners/primary care providers and community-based service providers in underserved areas to consult with medical specialists; standardizing maternal care provider trainings, including screening and treating cardiovascular disorders associated with pregnancy and the treatment of mental health conditions or substance use disorders during and after pregnancy; standardized postpartum plan of care; and a dashboard / public-access web portal that disseminates state MCH data. • Title V MCH Services Block Grant - Through a Maternal and Child Health (MCH) leadership team, the block grant is administered by partnering with programs and initiatives across the Department and programs in the Office of Childhood at Department of Elementary and Secondary Education (DESE), and by collaborating with LPHAs and other external public health partners and MCH stakeholders. The Title V MCH Services Block Grant assures a maternal-child public health system with a variety of services, programs, and initiatives that address the needs of Missouri's women of childbearing age, mothers, infants, children, adolescents, and families, including children and youth with special health needs (CYSHCN). These services can be broadly grouped into three main categories: direct services, enabling services, and preventive and primary care services for all pregnant women, mothers, and infants up to age one. • Maternal Child Health (MCH) Services Program - Administered by contracting with local public health agencies (LPHAs) to support their leadership role in building and expanding community-based systems to respond to priority health issues, ensure access to quality Maternal and Child Health (MCH) services, reduce health disparities, and promote health for infants, children, adolescents, and women of child-bearing age. • Extended Women's Health Services - The program provides funding for family planning and family planning-related services, pap tests and pelvic exams, pregnancy testing, sexually transmitted disease testing/treatment, and follow-up services for eligible women. Eligible women include those with a family Modified Adjusted Gross Income for the household size that does not exceed 201 percent of the Federal Poverty Level. Program services are intended to reduce the number of unintended pregnancies for eligible women and thereby reduce Medicaid expenditures.	

PROGRAM DESCRIPTION

Health and Senior Services	HB Section(s): <u>10.780</u>																												
Women's Health and Wellness																													
Program is found in the following core budget(s): Women's Health and Wellness																													
2a. Provide an activity measure(s) for the program.																													
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">FFY 2023</th> <th style="width: 10%;">FFY 2024</th> <th style="width: 10%;">FFY 2025 Proj.</th> <th style="width: 10%;">FFY2026 Proj.</th> <th style="width: 10%;">FFY2027 Proj.</th> <th style="width: 10%;">FFY2028 Proj.</th> </tr> </thead> <tbody> <tr> <td>LPHA's Served Through MCH Services</td> <td>111</td> <td>112</td> <td>112</td> <td>113</td> <td>113</td> <td>113</td> </tr> <tr> <td>Individuals Served by Title V*</td> <td>75,568</td> <td>582,733</td> <td>580,000</td> <td>580,000</td> <td>580,000</td> <td>580,000</td> </tr> <tr> <td>Trainings Provided by Contracted Entities Implementing Violence Prevention Strategies**</td> <td>264***</td> <td>410</td> <td>821</td> <td>500</td> <td>500</td> <td>500</td> </tr> </tbody> </table> *Direct Services, Enabling Services, and Public Health Services and Systems. FFY2023 number of individuals served by Title V significantly lower due to impact of COVID-19 pandemic. FFY2025 to FFY2028 projections represent actual and anticipated return to pre-pandemic levels of services. FFY 2025 actuals are available July 2026. **Reporting provided on grant cycle reporting August to July. *** Program expects increased trainings in future years due to change in programming structure.		FFY 2023	FFY 2024	FFY 2025 Proj.	FFY2026 Proj.	FFY2027 Proj.	FFY2028 Proj.	LPHA's Served Through MCH Services	111	112	112	113	113	113	Individuals Served by Title V*	75,568	582,733	580,000	580,000	580,000	580,000	Trainings Provided by Contracted Entities Implementing Violence Prevention Strategies**	264***	410	821	500	500	500
	FFY 2023	FFY 2024	FFY 2025 Proj.	FFY2026 Proj.	FFY2027 Proj.	FFY2028 Proj.																							
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	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">FY 2024</th> <th style="width: 10%;">FY 2025</th> <th style="width: 10%;">FY 2026 Proj.</th> <th style="width: 10%;">FY 2027 Proj.</th> <th style="width: 10%;">FY 2028 Proj.</th> </tr> </thead> <tbody> <tr> <td>Number of Tobacco Cessation Sessions</td> <td>59</td> <td>430</td> <td>450</td> <td>450</td> <td>450</td> </tr> <tr> <td>Number of Free Prenatal and Postpartum Visits</td> <td>343</td> <td>247</td> <td>300</td> <td>300</td> <td>300</td> </tr> </tbody> </table> Prenatal Care Program and Tobacco Cessation Services started in January 2023.		FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.	Number of Tobacco Cessation Sessions	59	430	450	450	450	Number of Free Prenatal and Postpartum Visits	343	247	300	300	300										
	FY 2024	FY 2025	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.																								
Number of Tobacco Cessation Sessions	59	430	450	450	450																								
Number of Free Prenatal and Postpartum Visits	343	247	300	300	300																								

PROGRAM DESCRIPTION

Health and Senior Services

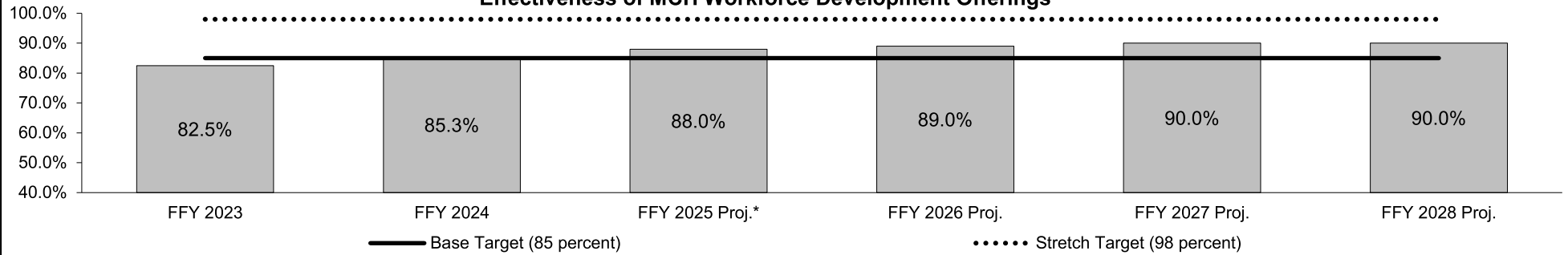
HB Section(s): 10.780

Women's Health and Wellness

Program is found in the following core budget(s): Women's Health and Wellness

2b. Provide a measure(s) of the program's quality.

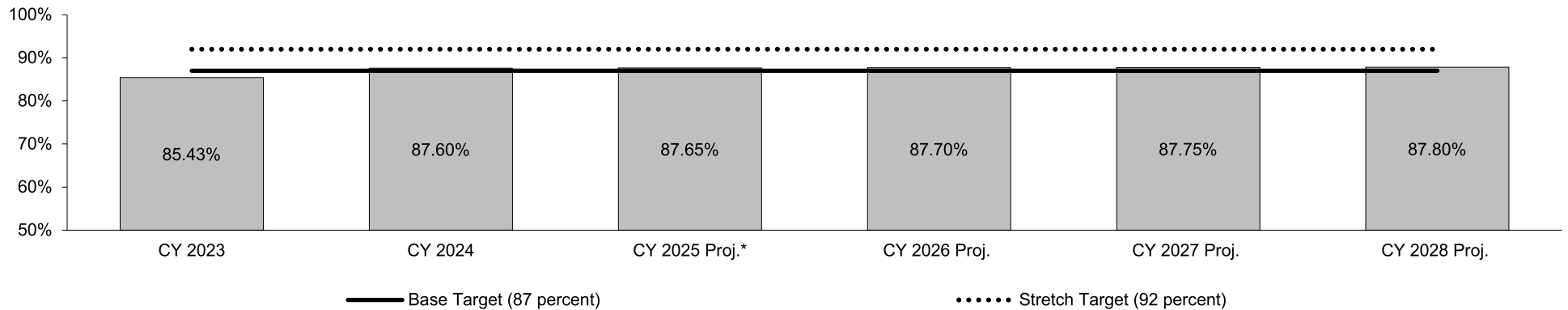
Effectiveness of MCH Workforce Development Offerings



Participant Evaluations from MCH Workforce Development Offerings beginning in FFY 2023. *FFY2025 results available January 2026.

2c. Provide a measure(s) of the program's impact.

Title V MCH Services Block Grant - Women who Reported a Routine Check Up Within the Past Two Years



Data Source: Behavioral Risk Factor Surveillance Systems (BRFSS) - CDC telephone surveys that collect self-reported data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. *CY2025 data available June 2026.

PROGRAM DESCRIPTION

Health and Senior Services

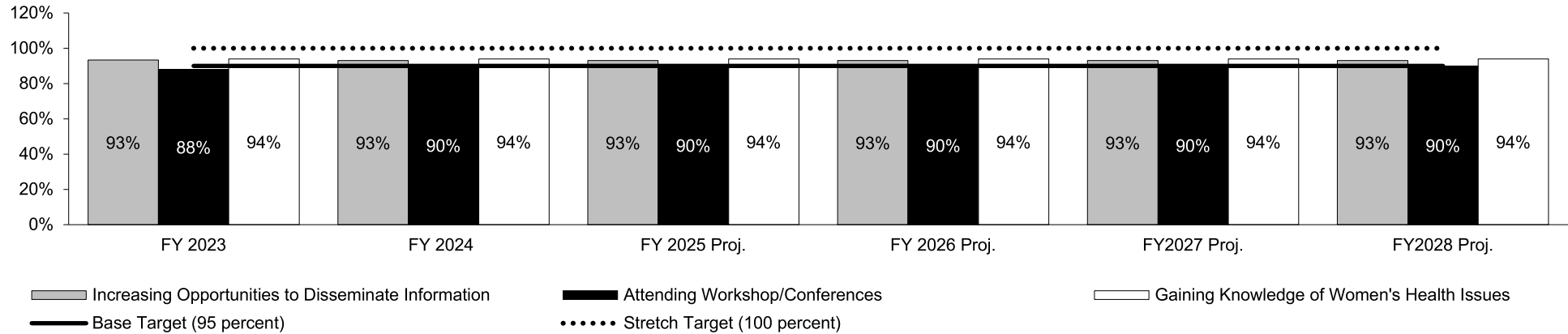
HB Section(s): 10.780

Women's Health and Wellness

Program is found in the following core budget(s): Women's Health and Wellness

2c. Provide a measure(s) of the program's impact. (continued)

Top Three Reported Benefits from Information Provided by Women's Health Listserv



Base Target: Increase the percentage of Listserv members who reported benefits from information provided to 95 percent in all areas.

Stretch Target: Increase the percentage of Listserv members who reported benefits from information provided to 100 percent in all areas.

The Women's Health Listserv provides women's health information, resources, and opportunities to interested individuals such as local public health staff, nurses, physicians, educators, and other health professionals. Data is collected from an annual survey of all Listserv members. FY2025 data will be available October 2025.

PROGRAM DESCRIPTION

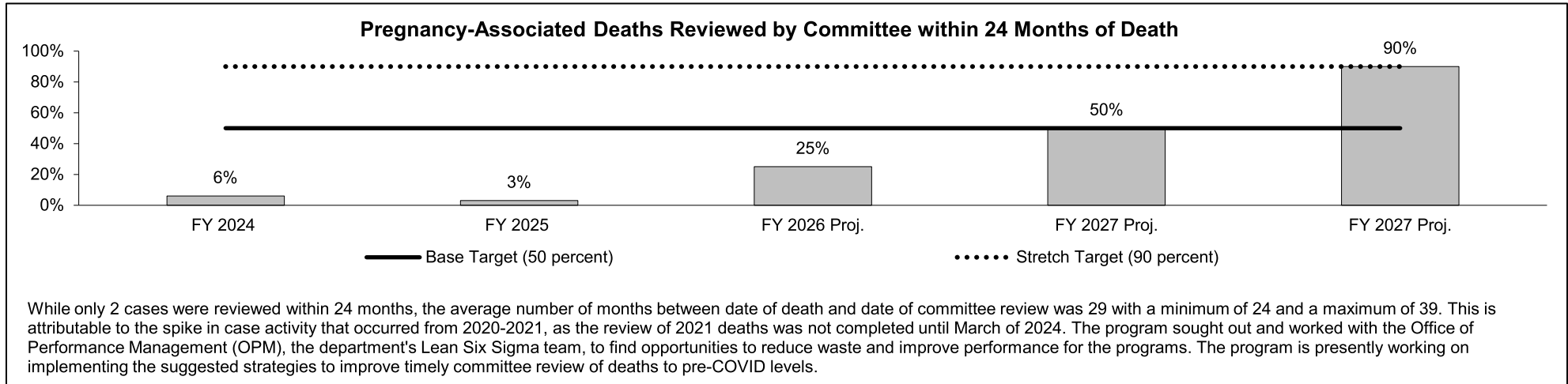
Health and Senior Services

HB Section(s): 10.780

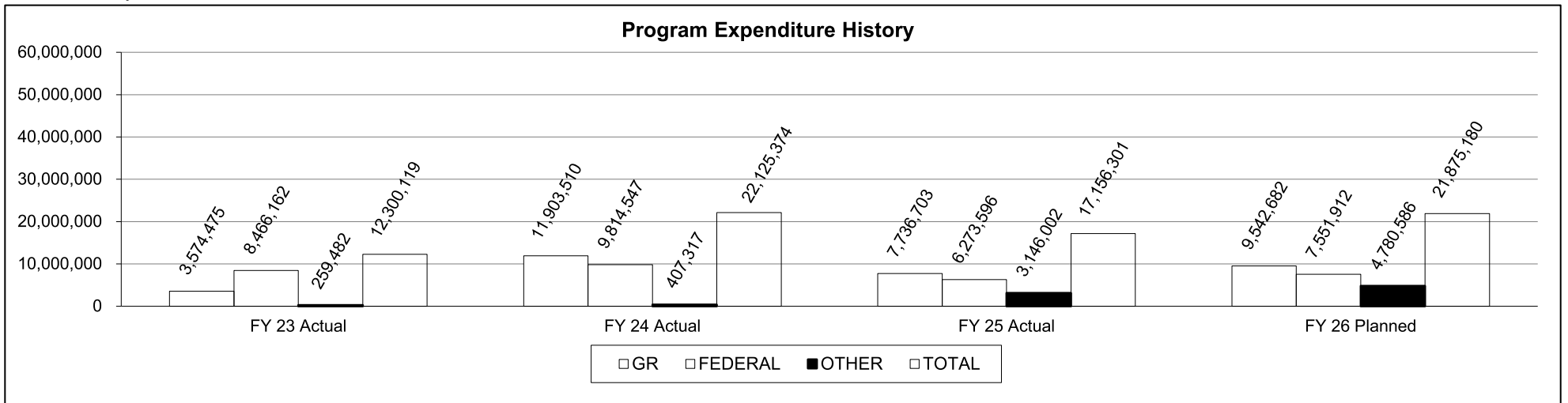
Women's Health and Wellness

Program is found in the following core budget(s): Women's Health and Wellness

2d. Provide a measure(s) of the program's efficiency.



3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Health and Senior Services	HB Section(s): <u>10.780</u>
Women's Health and Wellness	
Program is found in the following core budget(s): Women's Health and Wellness	
4. What are the sources of the "Other " funds? Health Initiatives Fund (1275).	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Breast and Cervical Cancer Mortality Prevention Act of 1990, PL.354, 42 USC Section 247b(k)(2). 192. 965 RSMo, 192.2520 RSMo, 192.990 RSMo, and 197.135 RSMo	
6. Are there federal matching requirements? If yes, please explain. Yes. The MCH Services Block Grant requires a three dollar non-federal to a four dollar federal match and maintenance of effort.	
7. Is this a federally mandated program? If yes, please explain. No.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.785</u>										
Fetal Infant Mortality Review (FIMR)											
Program is found in the following core budget(s): Fetal and Infant Mortality Review; MCH Leadership											
1a. What strategic priority does this program address?											
Expand access to services; Build and strengthen partnerships											
1b. What does this program do?											
Fetal Infant Mortality Review (FIMR) is an evidence-based process to identify and analyze factors that contribute to fetal and infant death. The FIMR process includes: case identification, medical records abstraction, home/family interviews, case reviews, and recommendations for action. The National FIMR model utilizes a regional approach due to the large case load of fetal and infant deaths, and contributing factors for fetal and infant deaths are often related to local environmental causes that local communities will understand better than the state program. Based on the National FIMR model, Seven Missouri FIMR regions were formed based on fetal and infant mortality case loads and geographic areas of interest. The FIMR Program sets standards for case review procedures, data submission, and data aggregation to ensure data reliability and establishes clear regional team deliverables to guarantee quality. The review process operates as a two-tiered system. A Community Review Team (CRT) conducts the case reviews and a separate team, a Community Action Team made up of professionals and community members, is charged with taking recommendations from the CRT and implementing them into action within the community.											
2a. Provide an activity measure(s) for the program.											
Number of Fetal and Infant Deaths Reviewed <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th>Fiscal Year</th> <th>Number of Deaths Reviewed</th> </tr> </thead> <tbody> <tr> <td>FY2025 Proj.*</td> <td>0</td> </tr> <tr> <td>FY2026 Proj.</td> <td>800</td> </tr> <tr> <td>FY2027 Proj.</td> <td>790</td> </tr> <tr> <td>FY2028 Proj.</td> <td>780</td> </tr> </tbody> </table> *FY 2025 was a program development year, including LPHA FIMR Coordinator recruitment and hiring, IRB preparation and approval, and NCFRP data sharing agreement execution. Actual review of fetal and infant deaths will start in FY2026. Note: The goal is to reduce fetal and infant mortality, also reducing the number of deaths to be reviewed annually.		Fiscal Year	Number of Deaths Reviewed	FY2025 Proj.*	0	FY2026 Proj.	800	FY2027 Proj.	790	FY2028 Proj.	780
Fiscal Year	Number of Deaths Reviewed										
FY2025 Proj.*	0										
FY2026 Proj.	800										
FY2027 Proj.	790										
FY2028 Proj.	780										
2b. Provide a measure(s) of the program's quality.											
Satisfaction with Program Guidance and Technical Assistance to LPHAs <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th>Fiscal Year</th> <th>Satisfaction Percentage</th> </tr> </thead> <tbody> <tr> <td>FY2025 Proj.*</td> <td>80%</td> </tr> <tr> <td>FY2026 Proj.</td> <td>82%</td> </tr> <tr> <td>FY2027 Proj.</td> <td>84%</td> </tr> <tr> <td>FY2028 Proj.</td> <td>85%</td> </tr> </tbody> </table> Base Target (80 percent) Stretch Target (95 percent) *FY 2025 Program Evaluations Due November 2025.		Fiscal Year	Satisfaction Percentage	FY2025 Proj.*	80%	FY2026 Proj.	82%	FY2027 Proj.	84%	FY2028 Proj.	85%
Fiscal Year	Satisfaction Percentage										
FY2025 Proj.*	80%										
FY2026 Proj.	82%										
FY2027 Proj.	84%										
FY2028 Proj.	85%										

PROGRAM DESCRIPTION

Health and Senior Services

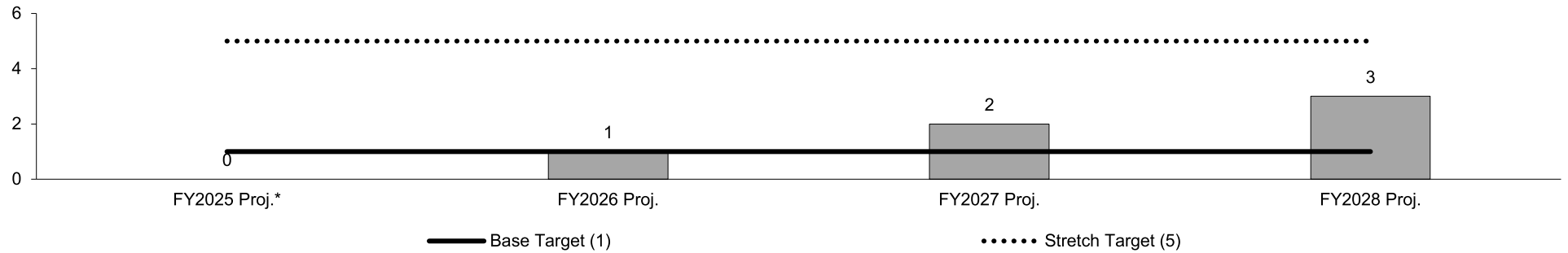
AB Section(s): 10.785

Fetal Infant Mortality Review (FIMR)

Program is found in the following core budget(s): Fetal and Infant Mortality Review; MCH Leadership

2c. Provide a measure(s) of the program's impact.

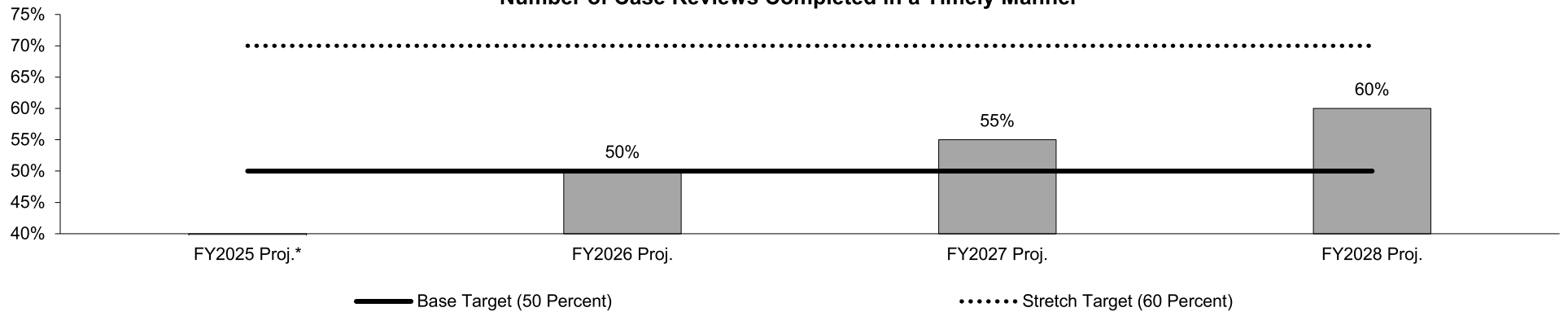
Number of FIMR Recommendations Implemented



*Actual review of fetal and infant deaths will start in FY 2026. It will take several months to a year to identify trends in fetal and infant deaths, and recommendations for action may not be made until FY 2027.

2d. Provide a measure(s) of the program's efficiency.

Number of Case Reviews Completed in a Timely Manner



*Actual review of fetal and infant deaths will start in FY 2026. Timely is defined as review within 8 months of record abstraction.

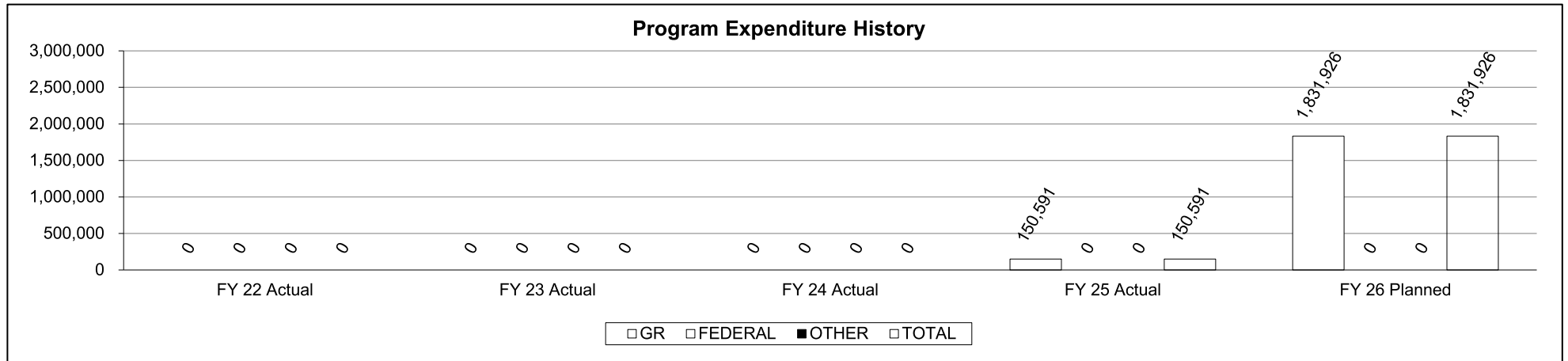
PROGRAM DESCRIPTION

Health and Senior Services **AB Section(s):** 10.785

Fetal Infant Mortality Review (FIMR)

Program is found in the following core budget(s): Fetal and Infant Mortality Review; MCH Leadership

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Not applicable

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Not applicable.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

None.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.790</u>		
Vital Records Registration and Issuance			
Program is found in the following core budget(s): <u>Vital Records Registration and Issuance</u>			
1a. What strategic priority does this program address? Invest in innovation to modernize infrastructure, Build and strengthen partnerships, and Expand access to services. 1b. What does this program do? The Department is the repository of vital records for the State of Missouri and provides citizens and federal, state, and local agencies the ability to register, amend, and obtain vital records and important data and statistical information critical to identifying and quantifying health related issues and measuring progress toward quality improvement and public health goals. Activities include: • Maintaining the central registry of births, deaths, reports of fetal deaths, reports of marriages and divorces, and the Putative Father Registry, in which is currently being completely replaced with one, comprehensive system. The new system, once implemented, will have an estimated return on investment (ROI) of more than 5 million dollars. • Correcting or amending vital records, as authorized by state law, to include court orders or as a result of adoption or legitimation. • Issuing certified and non-certified copies of births, deaths, reports of fetal deaths, original pre-adoptive records, and statements relating to marriages and divorces. • Conducting workshops and trainings, as well as querying of records and providing technical assistance to ensure the complete, accurate, and timely registration of vital records. The Department is a part of the national group of jurisdictions that share vital records information with the National Vital Statistics System (NVSS) at the Centers for Disease Control and Prevention (CDC). The compiled national natality, mortality, and fetal death statistics inform a variety of medical and health-related research efforts. Local and state public health agencies use information from the death record to assess community health status and for disease surveillance (e.g. drug overdose deaths, influenza, and other infectious diseases).			
Life Events Requiring a Vital Record			
Birth Certificate	Death Certificate	Marriage/Divorce Record	Fetal Death Certificate
Identification	Receive Insurance Benefits	Driver's License Documentation	Tax Purposes
School Registration	Death Investigation	Tax Purposes	Research Purposes
Driver's License Documentation	State Agency Program Removal	Receipt of Insurance Benefits	
Voter ID	Cease Benefits	Proof of Marriage	Paternity Documents
Passport	Research Purposes	Proof of Divorce	Proof of Paternity
Genealogical Purposes	Release from Legal Obligations	Proof of Single Status	Research Purposes
Research Purposes	(leases, titles, etc.)	Research Purposes	
Starting New Family/Adoption			

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.790

Vital Records Registration and Issuance

Program is found in the following core budget(s): Vital Records Registration and Issuance

2a. Provide an activity measure(s) for the program.

Records Issued and Registered										
Year	Birth		Death		Fetal Death & Still Birth		Marriage		Divorce	
	Issued	Registered	Issued	Registered	Issued	Registered	Issued	Registered	Issued	Registered
CY 2023	45,085	71,984	7,300	71,925	34	429	2,837	37,681	942	15,822
CY 2024	45,774	72,670	7,489	70,978	39	454	3,019	28,532	975	23,277
CY 2025 Proj.*	45,429	72,327	7,394	71,451	36	441	2,928	33,106	958	19,549
CY 2026 Proj.	45,601	72,498	7,441	71,214	37	447	2,973	30,819	966	21,413
CY 2027 Proj.	45,515	72,412	7,417	71,332	36	444	2,950	31,962	962	20,481
CY 2028 Proj.	45,558	72,455	7,429	71,273	36	445	2,961	31,390	964	20,947

Records are issued when they are provided to an individual upon request. Records are registered when they are officially filed with the state.

*CY 2025 data available March 2026.

Amendments to Previously Registered Vital Records

Year	Adoptions	Legitimations	Birth	Death
CY 2023	5,169	65	25,113	1,519
CY 2024	3,591	73	23,263	1,983
CY 2025 Proj.*	4,380	69	24,188	1,751
CY 2026 Proj.	3,985	71	23,725	1,867
CY 2027 Proj.	4,182	70	23,956	1,809
CY 2028 Proj.	4,083	70	23,840	1,838

Served by the state vital records office. This does not reflect local registrar activities.

*CY 2025 data available March 2026.

Vital Records Clients Served

Year	Mail	Phone	VitalChek	In Person
CY 2023	56,221	96,789	24,420	5,717
CY 2024	48,185	94,292	24,937	5,612
CY 2025 Proj.*	52,203	95,540	24,678	5,664
CY 2026 Proj.	50,194	94,916	24,807	5,638
CY 2027 Proj.	51,198	95,228	24,742	5,651
CY 2028 Proj.	50,696	95,072	24,774	5,644

VitalChek is a third party service offered for ordering expedited certificates online with a credit card.

*CY 2025 data available March 2026.

PROGRAM DESCRIPTION

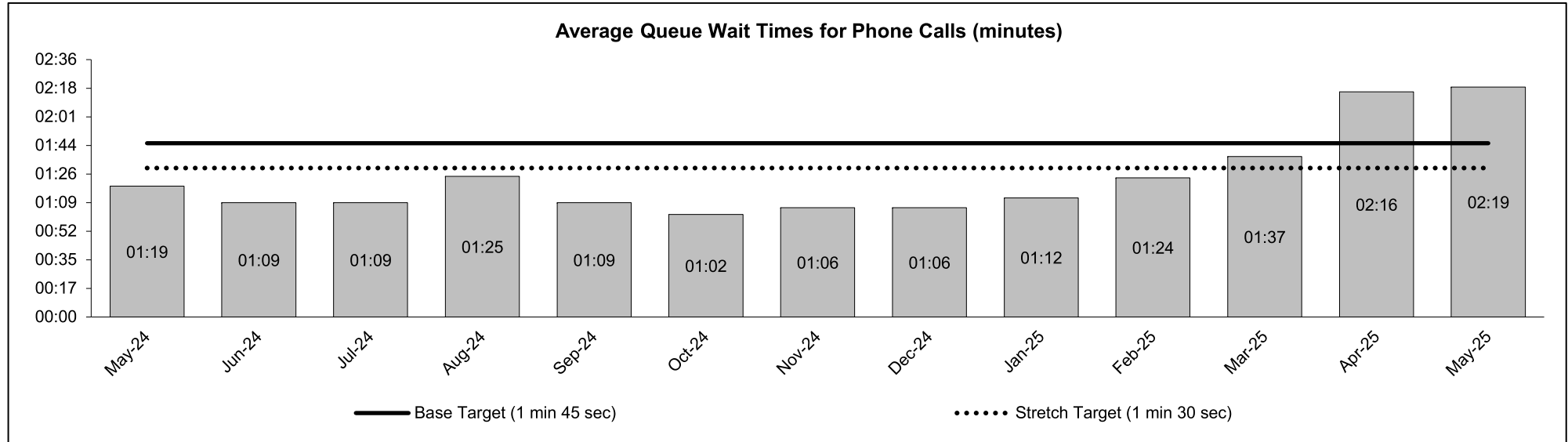
Health and Senior Services

AB Section(s): 10.790

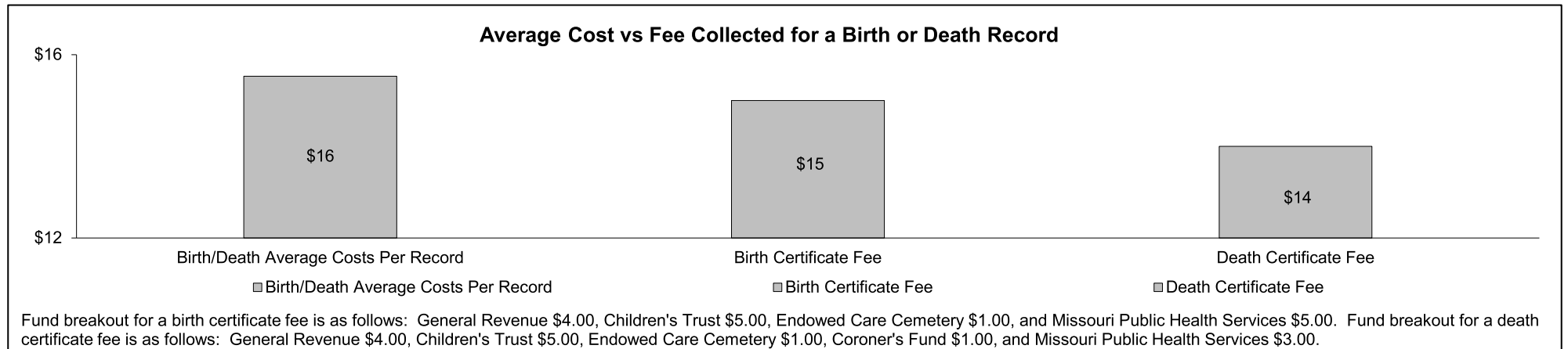
Vital Records Registration and Issuance

Program is found in the following core budget(s): Vital Records Registration and Issuance

2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

Health and Senior Services

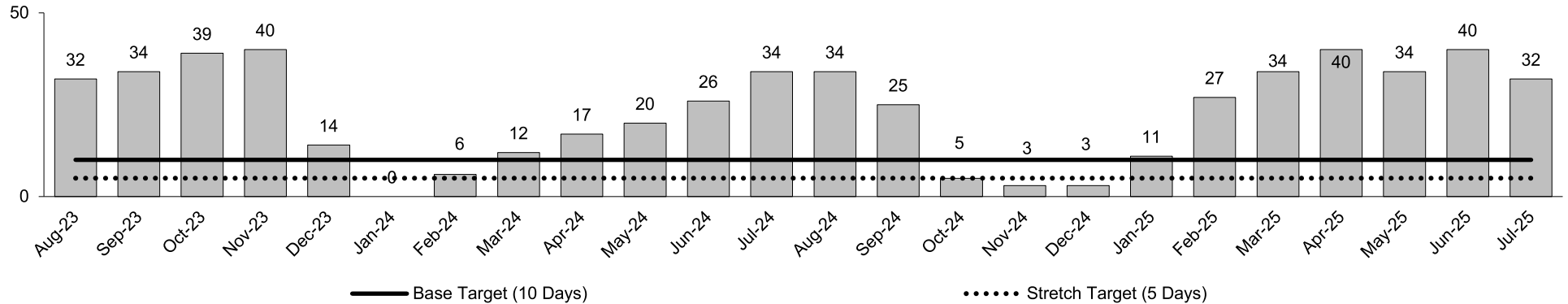
AB Section(s): 10.790

Vital Records Registration and Issuance

Program is found in the following core budget(s): Vital Records Registration and Issuance

2d. Provide a measure(s) of the program's efficiency.

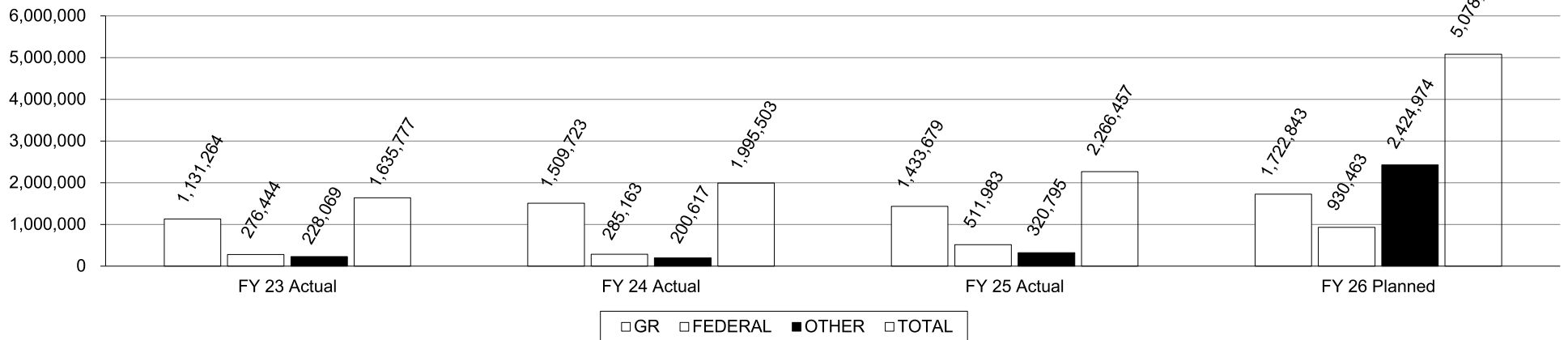
Average Number of Days to Respond to a Mailed Request for a Vital Record



This graph represents the time from when a request for a vital record is received via mail to when it is mailed out to the applicant.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History



PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.790

Vital Records Registration and Issuance

Program is found in the following core budget(s): Vital Records Registration and Issuance

4. What are the sources of the "Other " funds?

Health Initiatives Fund (1275), Missouri Public Health Services Fund (1298), Putative Father Registry Fund (1780), and Missouri State Coroners Training Fund (1846).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State: Sections 58.451, 58.455, 58.720, 188.047-055, 192.016, 192.025, 192.060, 192.067, 192.068, 192.323, 193.005-325, 453.100, and 453.170, RSMo. Federal: 42 USC Section 652(a)(7).

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services	HB Section: 10.795
COVID Response and ARPA Initiatives	
Program is found in the following core budget(s): COVID Response and ARPA Initiatives	
1a. What strategic priority does this program address?	
Build and strengthen partnerships, Use clear and concise communication to educate and build trust, Expand access to services, Invest in innovation to modernize infrastructure, and Re-envision and strengthen the workforce	
1b. What does this program do?	
The Department of Health and Senior Services (DHSS) initiated its response to SARS-CoV-2 (COVID-19) in January 2020. During and since the pandemic, DHSS has partnered at multiple levels and taken a lead role with other governmental agencies, numerous non-governmental organizations, and healthcare systems, from assistance in the field to overall administration, to assist with public health response and mitigation efforts, and to leverage current resources for long-term success and sustainability. American Rescue Plan Act (ARPA) and Coronavirus State and Local Fiscal Recovery Funds (COVID) funds have strengthened the state's public health infrastructure through enhancements to public health data systems and supporting public health capacity by bolstering the workforce and its foundational capabilities. Missouri's utilization of these federal funds has and will continue to fulfill the purposes of the American Rescue Plan Act, address the economic and public health impacts of the pandemic, restore public services, and build the long-term public health infrastructure necessary to meet future public health crises. • Data: Conducts reportable disease surveillance by public health practitioners, maintaining the associated data, to include COVID-19, in a robust multi-component system that monitors and analyzes data to support disease prevention and control. Epidemiologists utilize this data to make tangible impacts on the well-being of communities and populations throughout the state. • Sewershed: Monitors the amount of viral genetic materials in wastewater in approximately 85 community wastewater systems (covering approximately 60% of the state population) in Missouri to provide an early indicator of new or worsening outbreaks, as well as the presence and distribution of variants and sub-lineages across the state. Missouri is currently monitoring for COVID-19, Influenza, and RSV across the state, as well as Mpox, C.auris, and measles at select locations. • Healthcare-associated Infections (HAIs): Conducts consultations with healthcare facilities for novel multidrug-resistant organisms (MDRO), provides technical assistance for infection control assessment and response (ICAR) visits and HAI cluster/outbreak or prevention, and conducts colonization screening efforts to understand the spread of MDROs and HAIs within healthcare facilities.	

PROGRAM DESCRIPTION

Health and Senior Services

HB Section: 10.795

COVID Response and ARPA Initiatives

Program is found in the following core budget(s): COVID Response and ARPA Initiatives

2a. Provide an activity measure(s) for the program.

Activity	FY 2025	FY 2026 (Proj.)	FY 2027 (Proj.)
Healthcare acquired infection consultations for Multi-Drug Resistant Organism (MDRO) consultations.	A total of 704 MDRO consultations have been performed for FY2025 to date with healthcare facilities across Missouri.	Around 800 MDRO consultations based on exponential case growth.	Maintain around 800 MDRO consultations based on previously exponential case growth.
Infection Control Assessments Response (ICAR) visits	191 on-site ICARs conducted, including long-term care facilities, acute care hospitals, and an outpatient pain clinic. Number combines contract ICARs and program ICARs.	25 projected. ICARs will be greatly decreased with the end of federal funding support and resulting loss of contract. A goal of conducting ICARs with 10% of contacted facilities remains.	25 projected, or 10% of contacted healthcare facilities.
Infection control educational offerings.	• 2 Infection Prevention conferences (1 virtual, 1 in-person) reaching a total of 151 healthcare participants. • 1 "Train-the-Trainer" event (virtually) provided direct infection prevention procedure review for a total of 26 healthcare participants. • A series of 3 micro-lessons were created. 3 Lunch-and-Learn Webinars, reaching a total of 130 healthcare participants.	• Projected offerings for FY2026 include 3 webinars and 6 educational offerings. • Infection prevention and control education offerings will be greatly reduced with the end of federal funding and loss of contract support.	• Projected offerings for FY2027 include 3 webinars and 6 educational offerings. • Infection prevention and control education offerings will be greatly reduced with the end of federal funding and loss of contract support.
Phased implementation of robust surveillance data system for communicable diseases	20% conditions included	90% conditions included	100% conditions included
Sewershed: Monitoring for Mpox, measles, or other new targets of concern.	29 locations tested	50 locations tested	85 locations tested

PROGRAM DESCRIPTION

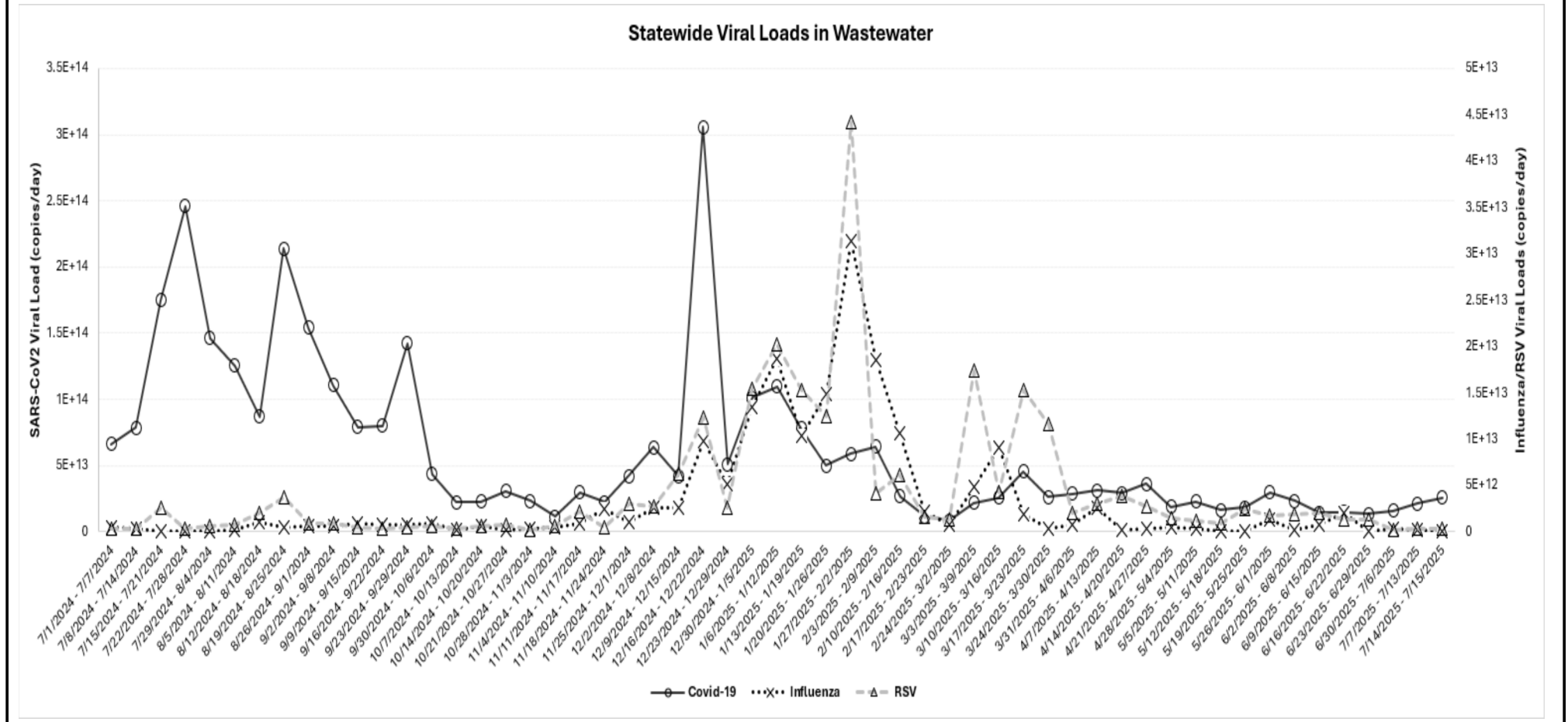
Health and Senior Services

HB Section: 10.795

COVID Response and ARPA Initiatives

Program is found in the following core budget(s): COVID Response and ARPA Initiatives

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

Health and Senior Services	HB Section: <u>10.795</u>		
COVID Response and ARPA Initiatives			
Program is found in the following core budget(s): COVID Response and ARPA Initiatives			
2c. Provide a measure(s) of the program's impact.			
The COVID and ARPA funding has allowed the state of Missouri to respond to the pandemic and to also boost infrastructure (human capital, technology, equipment, etc.) such that resilience to emerging threats is increased and any future response needed is more prepared. The stories of how the funding has impacted lives throughout Missouri is showcased and reflected in several success stories shared with DHSS, a few of which are highlighted below.			
A Few Quotes/Statements from Beneficiaries on Impact Funding has had on Community (stakeholder) Served			
"I was a bit hesitant to work with the ICAR program as I was afraid it was simply an additional measure of oversight by the state. After working with the ICAR team, I can honestly say that my fears were completely unfounded. The meeting was quick and painless and they helped us to identify additional ways to keep our residents and staff safe. Despite my initial hesitation, I would wholeheartedly recommend this process to any long-term care facility in the state." - Facility that received an ICAR assessment	With this funding, our agency was able expand access to testing resources to empower individuals to identify and respond to respiratory illness symptoms early. By offering free at-home testing kits, the agency aimed to reduce barriers to care—particularly in underserved populations—and limit the spread of infections during peak respiratory illness season. The agency also sought to ease the burden on clinics and emergency departments by encouraging at-home screening. Ultimately, this project contributed to a broader public health effort focused on early detection, prevention, and community safety. – A Local Public Health Agency		
"We want to empower the Missouri public health workforce with a graduate-level education and contribute to strengthening Missouri's overall health outcomes." - Marisa Hastie, EdD Dean and Associate Professor at A.T. Still University	"Thank you very much for your help with this wonderful program. It's been a huge blessing that we were able to have much needed work done on our ducts and have our HVAC units examined" - One school district participating in the HVAC cleaning and assessment project		
2d. Provide a measure(s) of the program's efficiency.			
Expected Return on Investment for Technology Replacement of Vital Records System			
	FY 2026	FY 2027 Proj.	FY 2028 Proj.
Estimated Cost Savings	\$1,105,053	\$1,105,053	\$1,105,053
A considerable amount of staff time is expended on troubleshooting errors and attempting to provide temporary alternative workarounds in order to continue to conduct critical business with an outdated vital records system. With one, effective, comprehensive system staff time spent on conducting routine business will be reduced. This project is estimated to generate \$1,105,053 in cost savings annually, resulting in a five-year return on investment of \$5,525,266.50. The Bureau of Vital Records system update is scheduled to be completed in FY27. The full amount of estimated cost-savings will not be realized until FY28.			

PROGRAM DESCRIPTION

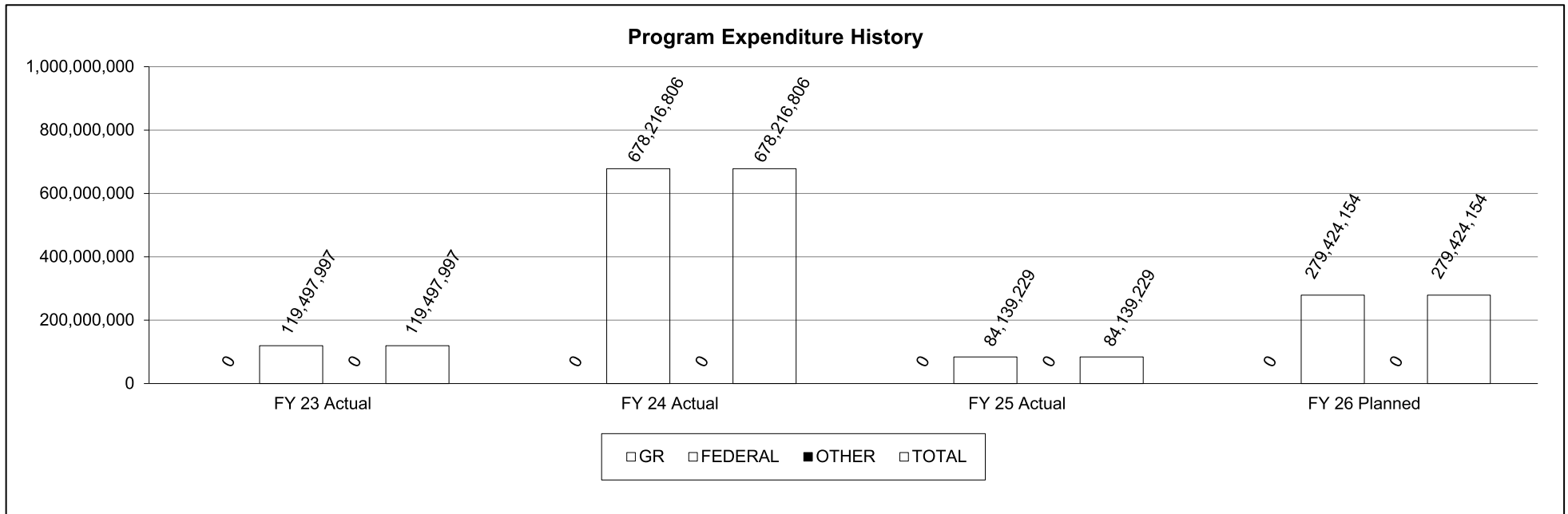
Health and Senior Services

HB Section: 10.795

COVID Response and ARPA Initiatives

Program is found in the following core budget(s): COVID Response and ARPA Initiatives

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Not applicable.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); Coronavirus Preparedness and Response Act (P.L. 116-123); COVID-19 Paycheck Protection Program and Health Care Enhancement Act Response Activities (P.L. 116-139); Consolidated Appropriations Act, 2021, Coronavirus Response and Relief Supplemental Appropriations Act, Public Law 116-260; American Rescue Plan Act (HR 1319), Public Law 117-2.

6. Are there federal matching requirements? If yes, please explain.

Not applicable.

7. Is this a federally mandated program? If yes, please explain.

Not applicable.

PROGRAM DESCRIPTION

Health and Senior Services

State Public Health Lab

Program is found in the following core budget(s): State Public Health Lab

1a. What strategic priority does this program address?

Build and strengthen partnerships.

1b. What does this program do?

The State Health Lab provides testing services for various diseases, pathogens, viruses, and chemicals within humans and natural resources, such as water and animals.

SPHL Operations	Testing Capacities	Newborn Screening	Breath Alcohol
• Provides laboratory support in the diagnosis and investigation of disease and hazards that threaten public health • Maintains fully operational BSL-3 laboratory • Sample analysis and microbiologic identification • Assists in disease control and surveillance • Reference and specialized testing • Food safety • Emergency terrorism response • State Reference Laboratory for Cannabis Testing	• Tuberculosis • Rabies • Botulism toxin • Anthrax • West Nile Virus • Plague • Mpox • Pandemic Influenza • MERS-CoV • Ebola • Sexually transmitted infections • Pathogenic bacteria • Various chemical contaminants • <i>Legionella pneumophila</i> Genome	• Missouri is currently screening for 36 (of 37) recommended core conditions (including hearing and critical congenital heart defects screening) • 75 disorders and secondary conditions include the following categories: - o Primary Congenital Hypothyroidism - o Congenital Adrenal Hyperplasia - o Hemoglobinopathy - o Biotinidase Deficiency - o Galactosemia - o Fatty Acid Oxidation Disorders - o Organic Acid Disorders - o Amino Acid Disorders - o Cystic Fibrosis - o Lysosomal Storage Disorders - o Severe Combined-Immunodeficiency - o Spinal Muscular Atrophy (SMA) - o Adrenoleukodystrophy (X-ALD)	• Approves, disapproves, and issues permits to law enforcement agencies in Missouri for chemical analysis of blood, breath, urine, or saliva for alcohol and drugs. • Approves evidential breath analyzers and establishes standards and methods for instrument operations, inspections, quality control, training, and approval of training to assure standards meet state regulations.
			Cannabis Reference Laboratory
			• Testing support during a public health response as requested. • Routine surveillance testing in support of DHSS Division of Cannabis Regulation.

PROGRAM DESCRIPTION

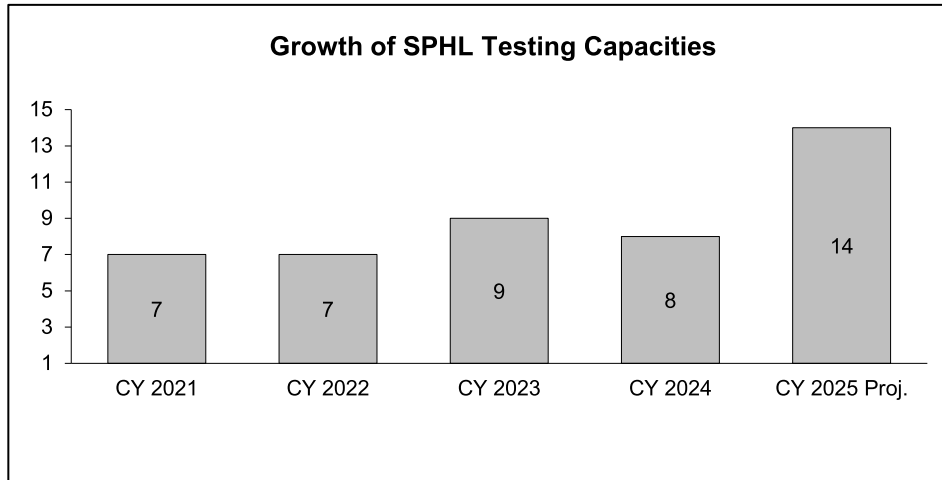
Health and Senior Services

HB Section(s): 10.800

State Public Health Lab

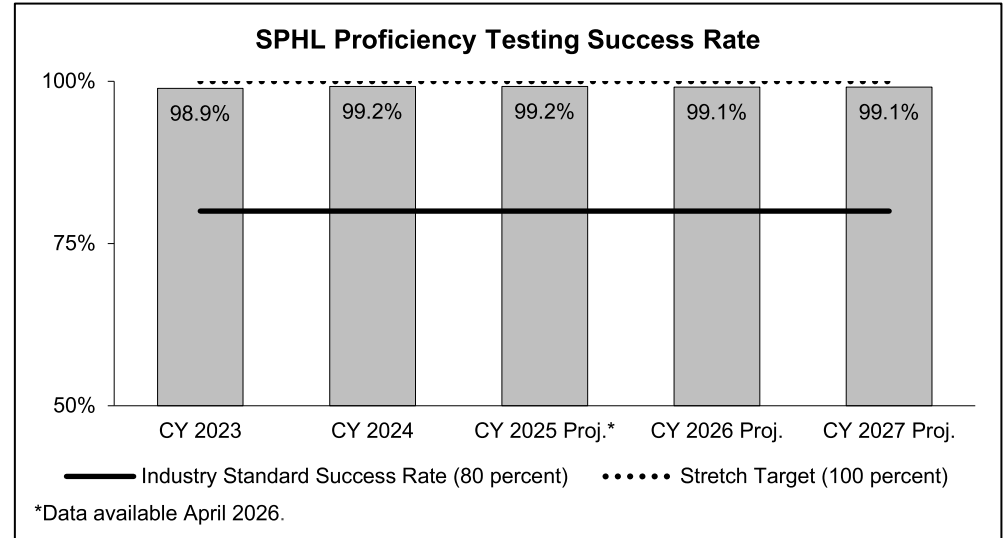
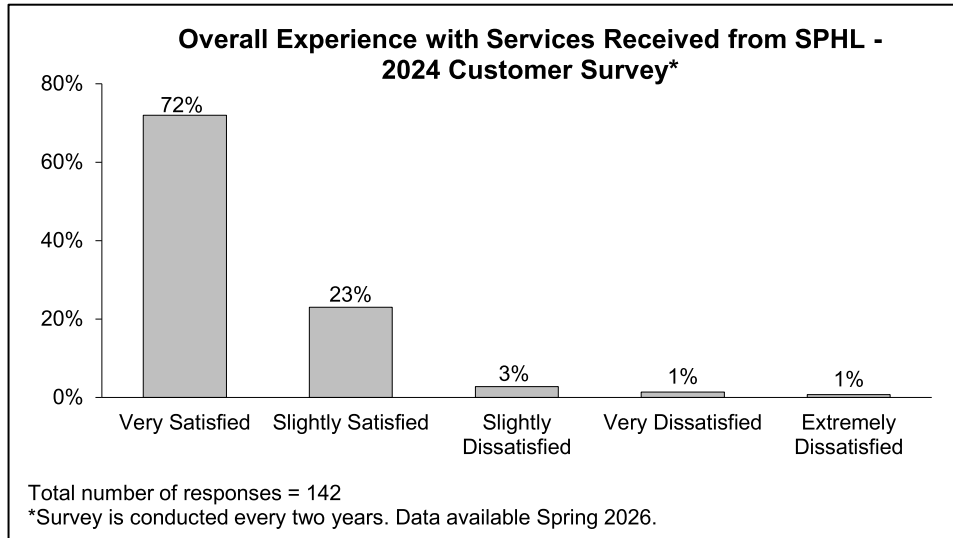
Program is found in the following core budget(s): State Public Health Lab

2a. Provide an activity measure(s) for the program.



SPHL maintains a variety of tests to ensure the safety of Missourians and its visitors and routinely evaluates the need for additional testing capabilities. In addition, the SPHL frequently updates methods to state of the art technology to provide more efficient and accurate testing. The Newborn Screening disorder testing menu has been expanded to include Niemann-Pick and the SPHL is currently implementing a robust program for bacteriological and chemical analysis to serve as the state reference laboratory for cannabis. Additionally, SPHL is working to expand the overdose biosurveillance program to identify other drugs of abuse within samples. SPHL has specifically added a measles test to the testing capabilities to meet the emerging need. The goal is to be constantly working towards having the most current and advanced testing methods to deliver on the Department's mission of quality public health testing services for all Missourians.

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

Health and Senior Services

State Public Health Lab

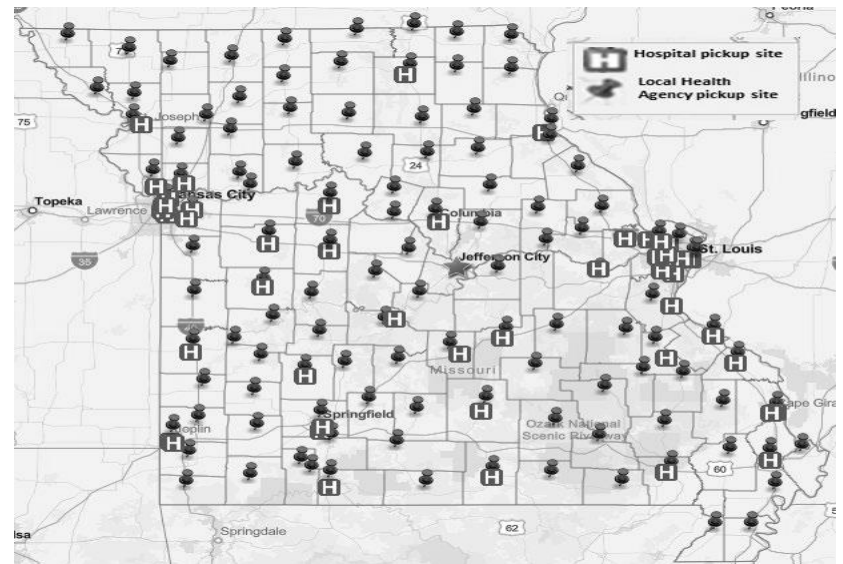
Program is found in the following core budget(s): State Public Health Lab

HB Section(s): 10.800

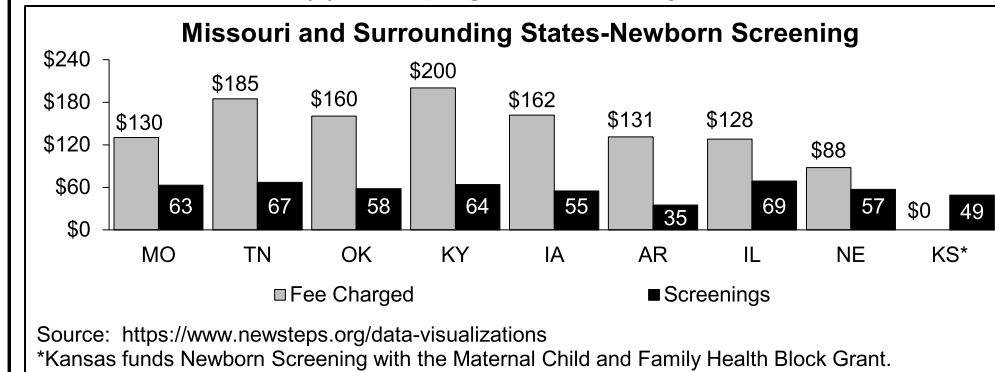
2c. Provide a measure(s) of the program's impact.

FY 2025 Laboratory Services Provided to All Missouri Citizens and Visitors	
Analyses performed	>7,000,000
Total Specimens/Samples tested (approx.)	270,406
Services Provided:	
Human Clinical	97,397
Newborn Screening	81,874
Drinking	73,553
Rabies	2,318
Food	1,323
Environmental Lead (Soil/Paint/Wipes)	2,132
Whole Genome Sequencing (WGS) of bacterial isolates	1,904
Clinical WGS	1,817
Environmental WGS	87
Test kits distributed	286,732
Total breath alcohol permits issued (Types I, II, and III)	3,171
Regional Hospital Laboratory Training Sessions	3
Hospital Laboratories Participating in Training	12
Hospital Laboratory Professionals Trained	19

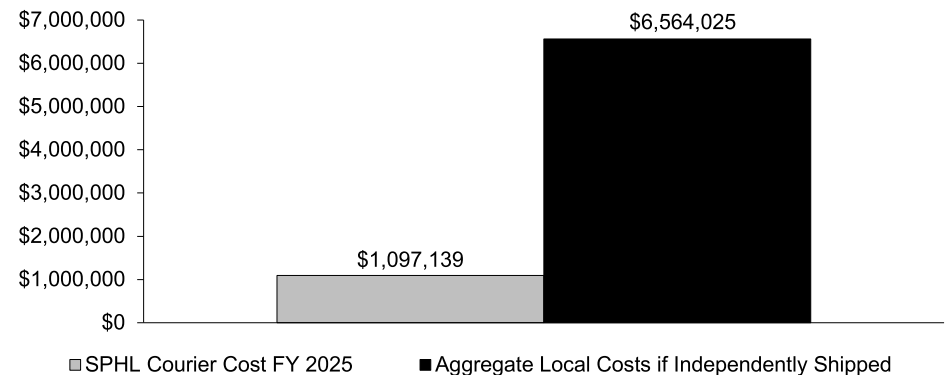
Map of Public Health Courier Pick Up Sites



2d. Provide a measure(s) of the program's efficiency.



Statewide Overnight Courier vs. Commercial Overnight Shipping



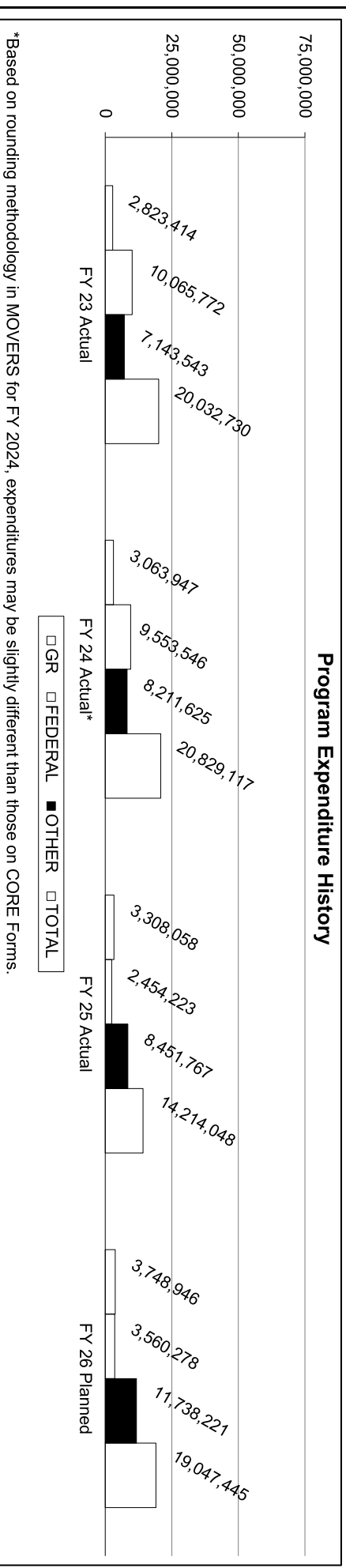
PROGRAM DESCRIPTION

Health and Senior Services

HB Section(s): 10.800

State Public Health Lab

Program is found in the following core budget(s): State Public Health Lab



4. What are the sources of the "Other" funds?

Missouri Public Health Services (0298), Safe Drinking Water (0679), Adult Use Cannabis (0608), and Childhood Lead Testing (0899).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Chapter 196, RSMo; Sections 191.331-333, 191.653, 192.020, 192.050, 577.020, 577.037, 640.100-140, and 701.322, RSMo; Code of State Regulations 10 CSR 60-1.010, 19 CSR 20-20.080, 19 CSR 25-32.010, 19 CSR 25-34.010; and Clinical Laboratory Improvement Amendment (CLIA) Federal: 42 USC 263a. Article XIV of the Missouri Constitution and associated rules 19 CSR 100-1.010 to 19 CSR 100-1.190.

6. Are there federal matching requirements? If yes, please explain.

Missouri Public Health Services Fund (0298) will provide match for newborn screening for the MCH Block Grant of \$4.5 million and the Safe Drinking Water Fund (0679) will provide match for the Public Health Emergency Preparedness Grant of \$100,000 in FY 2025.

7. Is this a federally mandated program? If yes, please explain.

No. However, in testing clinical human specimens, SPHL is regulated under the Clinical Laboratory Improvement Amendments (CLIA) - Federal - 42 USC 263a. The CLIA establishes quality standards for all laboratory testing to ensure the accuracy, reliability, and timeliness of patient test results regardless of where the test was performed.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.900</u>
Senior and Disability Services Administration and Field Operations	
Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations	
1a. What strategic priority does this program address? Expand Access to Services and Plan for the Impact of the Aging Population. 1b. What does this program do? The Division of Senior and Disability Services (DSDS) plays a crucial role as the state unit on aging and is the primary agency that oversees, monitors, and assures the health and safety of seniors and individuals with disabilities receiving long-term care in their home or community as an alternative to facility-based care. DSDS is comprised of four programmatic components: 1) Section of Adult Protective Services (APS); 2) Section of Home and Community Based Services (HCBS); 3) Bureau of Senior Programs; and 4) Office of Long Term Care Ombudsman. 1) The Section of Adult Protective Services (APS) operates the Central Registry Hotline which is available 365 days per year from 7am to 8pm and includes an online reporting option available 24 hours a day. Reports can be made via the toll-free number or online. These reporting tools serve the following functions: • Adult Abuse, Neglect, and Financial Exploitation (ANE) Hotline calls that allege abuse, neglect, or financial exploitation of seniors age 60+ and adults with disabilities ages 18-59. • Point of entry for regulatory violations of nursing and residential care facilities, home health agencies, hospice agencies, and hospitals. • Process reports referred to other entities such as the Department of Mental Health, the Department of Social Services Missouri Medicaid Audit and Compliance Unit, and the Veterans Administration for intervention or review. APS staff investigate hotline calls and coordinate short-term intervention services for individuals to remain in the least restrictive environment and prevent future incidents. This work can include the assistance of department attorneys when seeking guardians or conservators for reported adults. In addition, staff may conduct criminal investigations alongside local law enforcement and prosecuting attorneys when reports involve a possible criminal component. 2) The Section of Home and Community Based Services (HCBS) provides individual assessment and care plan development for services to be provided in a Medicaid recipient's home or community rather than an institutional setting. It allows individuals to maintain independence as long as safely possible. Services include assistance with activities of daily living such as dressing, grooming, meal preparation, bathing, toileting, etc. Targeted population groups include the elderly, people with intellectual or developmental disabilities, physical disabilities, traumatic brain injuries, and children with complex medical needs. This program serves approximately 68,000 Medicaid HCBS participants per month across nearly 2,000 enrolled Medicaid provider agencies. 3) The Bureau of Senior Programs (BSP) distributes federal Older Americans Act funds, monitors, and provides technical assistance to the ten Area Agencies on Aging (AAA). These funds are distributed using a federally approved intrastate funding formula for services such as congregate meals; home-delivered meals; and supportive services such as in-home services, care coordination, benefits enrollment, senior transportation, home modifications, caregiver support, and evidence-based wellness programs. The AAAs and DSDS maintain a close working relationship throughout the state to foster the information-sharing necessary to sustain a coordinated network of aging services to help prevent unnecessary or premature placement in a long term care facility. BSP also administers various state-funded senior service programs. BSP is coordinating the development of the Master Plan on Aging (MPA) established via Executive Order 23-01 to help reduce age and disability discrimination, eliminate barriers to safe and healthy aging, and help Missourians age with dignity. The final MPA will be submitted to Governor Kehoe by December 31, 2025.	

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.900

Senior and Disability Services Administration and Field Operations

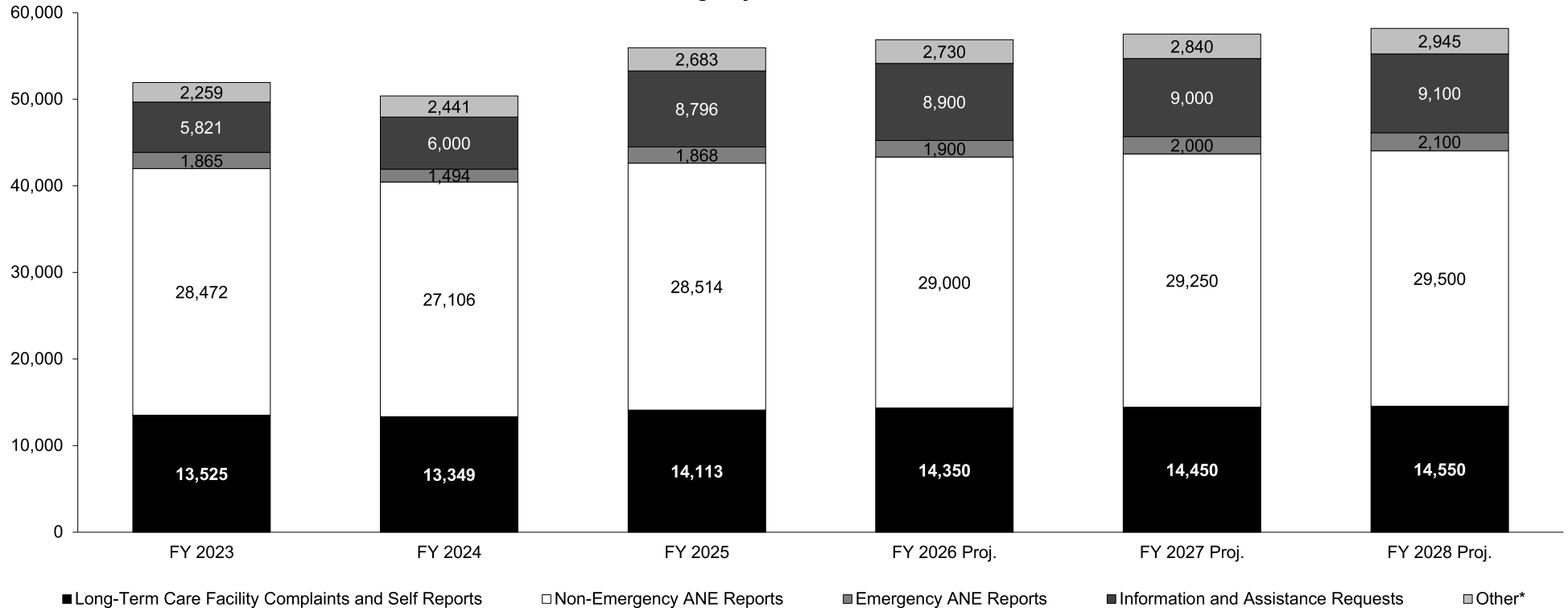
Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations

1b. What does this program do? (continued)

- 4) The Office of Long Term Care Ombudsman Program (LTCOP) advocates for the rights of over 55,000 residents residing in approximately 1,100 licensed long-term care facilities across the state and seven Missouri State Veterans Homes. The State Ombudsman oversees a network of 16.5 regional ombudsman coordinators through the AAAs who recruit and train volunteers to resolve complaints, such as resident rights and quality of care. Ombudsman advocate by conducting visits to the facilities on a regular basis, investigating resident complaints, and providing information and assistance.

2a. Provide an activity measure(s) for the program.

Central Registry Unit - Intake Actions



*Other: Shared Care Tax Credit Requests and/or complaints received for other state entities like Health Services Regulation or Bureau of Special Health Care Needs.

PROGRAM DESCRIPTION

Health and Senior Services

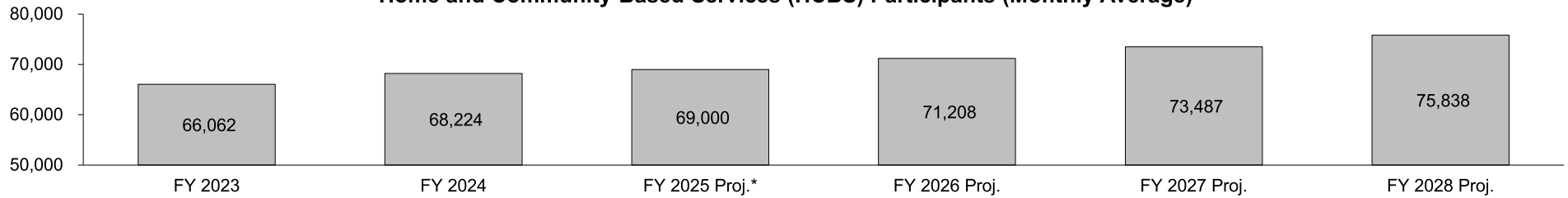
AB Section(s): 10.900

Senior and Disability Services Administration and Field Operations

Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations

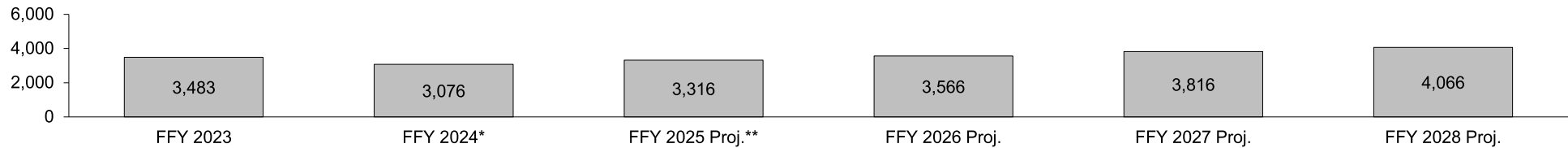
2a. Provide an activity measure(s) for the program (continued).

Home and Community-Based Services (HCBS) Participants (Monthly Average)



*Data Available December 2025.

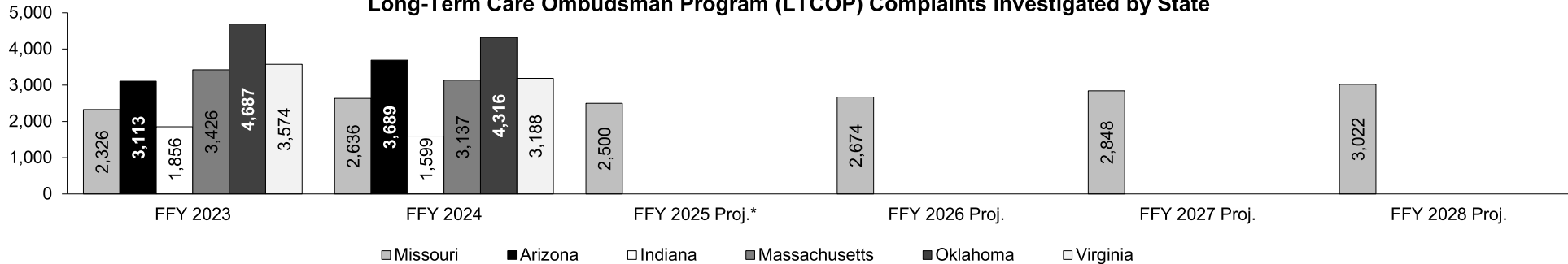
LTCOP Information and Assistance in Missouri



*FFY 2024 is the most current data available from the Administration for Community Living (ACL).

**Data Available Summer 2026.

Long-Term Care Ombudsman Program (LTCOP) Complaints Investigated by State



The number of complaints fluctuates annually depending on how comfortable residents are with voicing complaints. During FFY24, ARPA funds were utilized to hire five hourly and intermittent staff to visit residential and assisted living homes resulting in an increase in visits and complaint investigations. These states were selected as they are decentralized like Missouri and similar in population.

*Data Available Summer 2026.

PROGRAM DESCRIPTION

Health and Senior Services

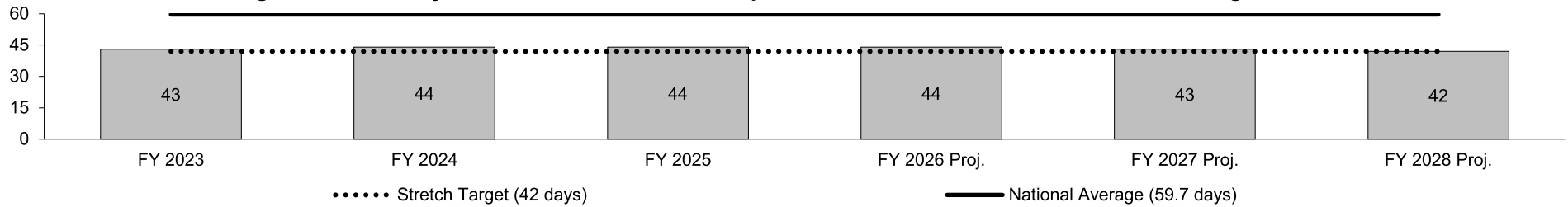
AB Section(s): 10.900

Senior and Disability Services Administration and Field Operations

Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations

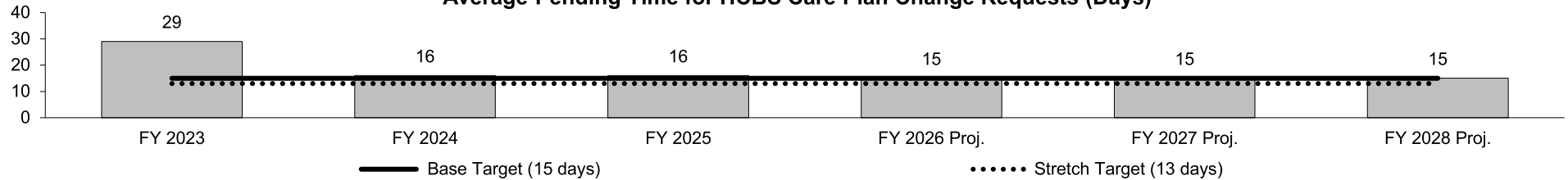
2b. Provide a measure(s) of the program's quality.

Average Number of Days from Date Received to Completion of an Adult Protective Services Investigation



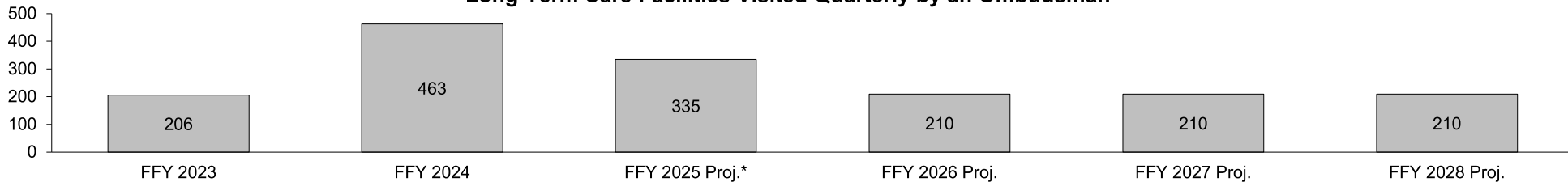
The national average for investigation completion is 59.7 days; data provided by the National Adult Maltreatment Reporting System (NAMRS) FFY 2023. Common actions taken during an investigation include: interviews, information gathering, providing appropriate interventions, and making referrals to appropriate agencies.

Average Pending Time for HCBS Care Plan Change Requests (Days)



Additional staff were allocated to assist with processing requests beginning in FY 2023. Therefore, the projected average pending time has been adjusted to reflect the anticipated benefit of additional team members as they continue their onboarding and training.

Long-Term Care Facilities Visited Quarterly by an Ombudsman



During FFY 2024, ARPA funds were utilized to hire five hourly and intermittent staff to visit residential and assisted living homes resulting in an increase in visits and complaint investigations. This funding has been fully expended and the additional staff completed the work for the program as of June 30, 2025, resulting in lower projections in FFY 2025 moving forward. Ombudsmen are encouraged to visit facilities on a quarterly basis. The minimum is twice a year per facility according to the Missouri Long-Term Care Ombudsman Policy and Procedure Manual. As the volunteer network increases and additional staff can be funded, visits will be completed more routinely.

*Data Available Summer 2026.

PROGRAM DESCRIPTION

Health and Senior Services

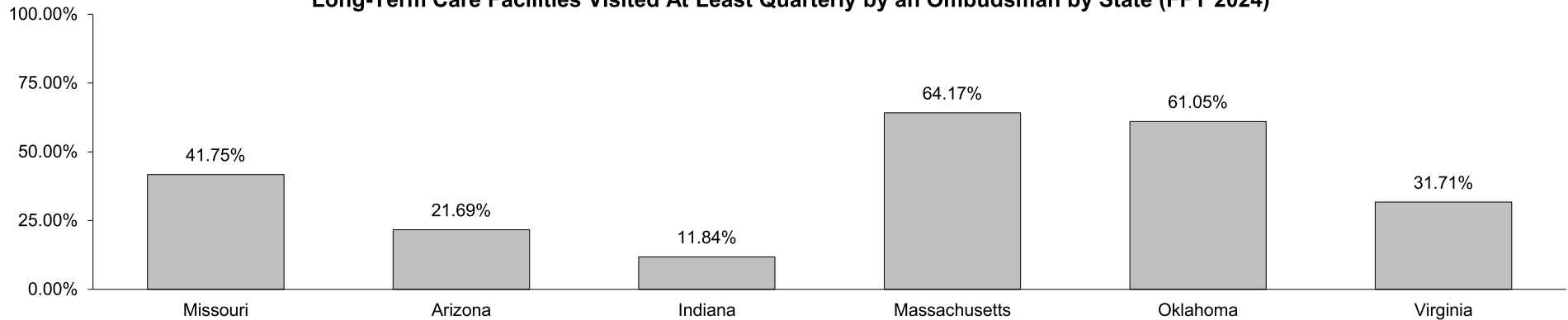
AB Section(s): 10.900

Senior and Disability Services Administration and Field Operations

Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations

2b. Provide a measure(s) of the program's quality. (continued)

Long-Term Care Facilities Visited At Least Quarterly by an Ombudsman by State (FFY 2024)*

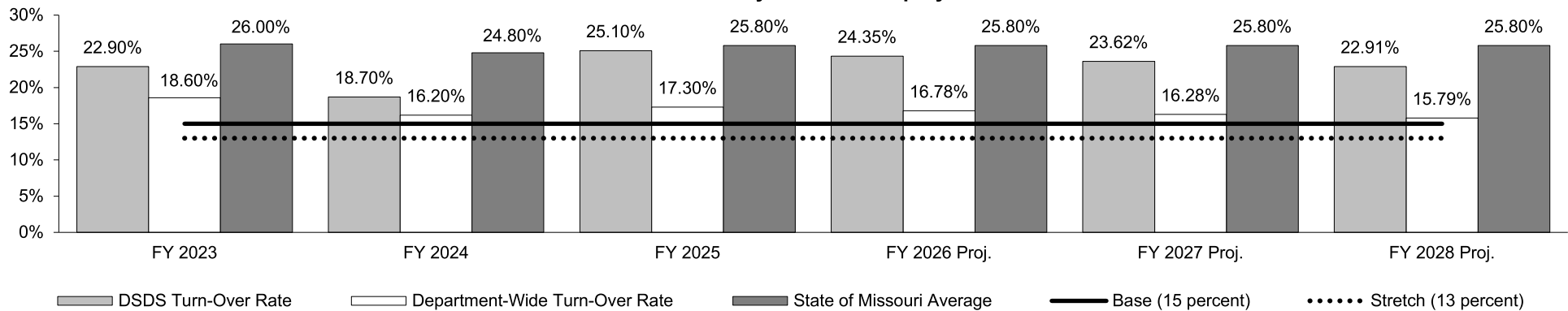


FFY 2024 is the most current data available from the Administration for Community Living (ACL). During FFY 2024, ARPA funds were utilized to hire five hourly and intermittent staff to visit residential and assisted living homes resulting in an increase in visits and complaint investigations. These states were selected as they are decentralized like Missouri and similar in population.

*Data Available Summer 2026.

2c. Provide a measure(s) of the program's impact.

Division of Senior and Disability Services Employee Turnover Rate



All data is from the Talent Management Dashboard and reflects the Total Turnover at June of each respective year. SAM II Statewide Advantage for Missouri, Turnover for Executive Branch Departments. <https://results-int.mo.gov/t/EXECUTIVE/views/TalentManagementDashboard/TurnoverbyType>

PROGRAM DESCRIPTION

Health and Senior Services

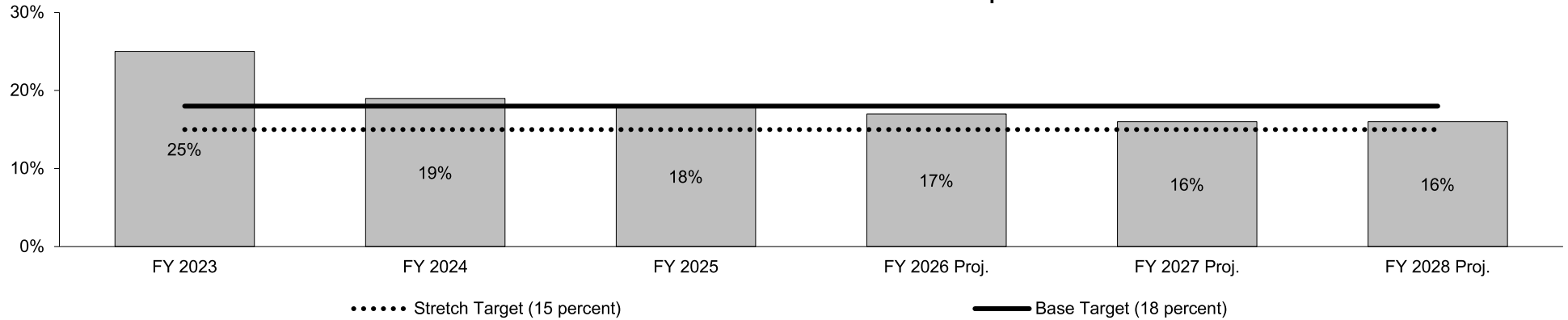
AB Section(s): 10.900

Senior and Disability Services Administration and Field Operations

Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations

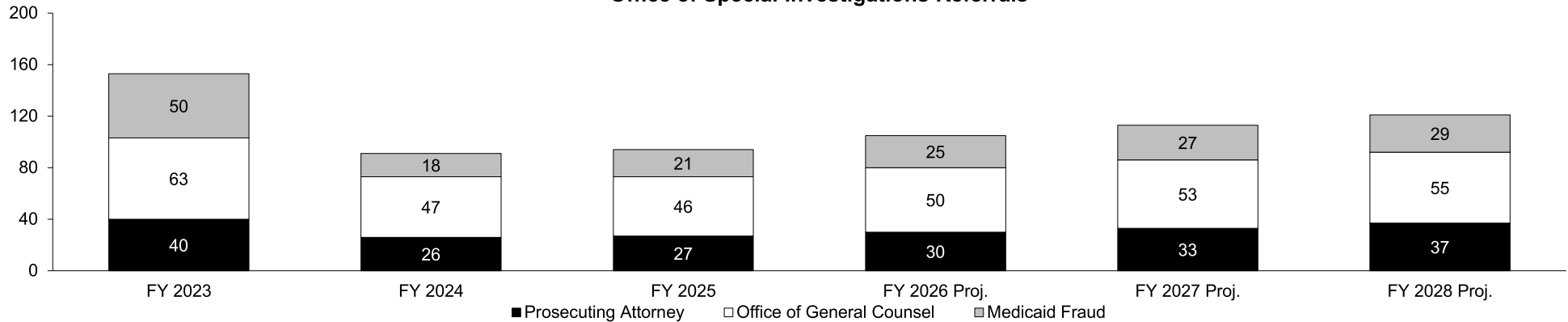
2c. Provide a measure(s) of the program's impact (continued).

Recidivism Rate for Adult Protective Services Reports



Recidivism rate is the percentage of adults having repeat reports of Abuse, Neglect, and Exploitation in a given fiscal year. The goal is to reduce the rate of recidivism by providing appropriate and effective interventions during the first report; however, the needs of the individual may change after the report has been closed resulting in an additional report.

Office of Special Investigations Referrals



The Office of Special Investigations refers substantiated allegations involving criminal conduct such as fraud, financial exploitation or theft, and physical and sexual abuse to the appropriate state agency or prosecuting attorney. Referrals to the Department's Office of General Counsel are to place persons on the Employee Disqualification List after due process. Anyone placed on this list cannot work for an Home and Community Based Services provider for a specified period.

PROGRAM DESCRIPTION

Health and Senior Services

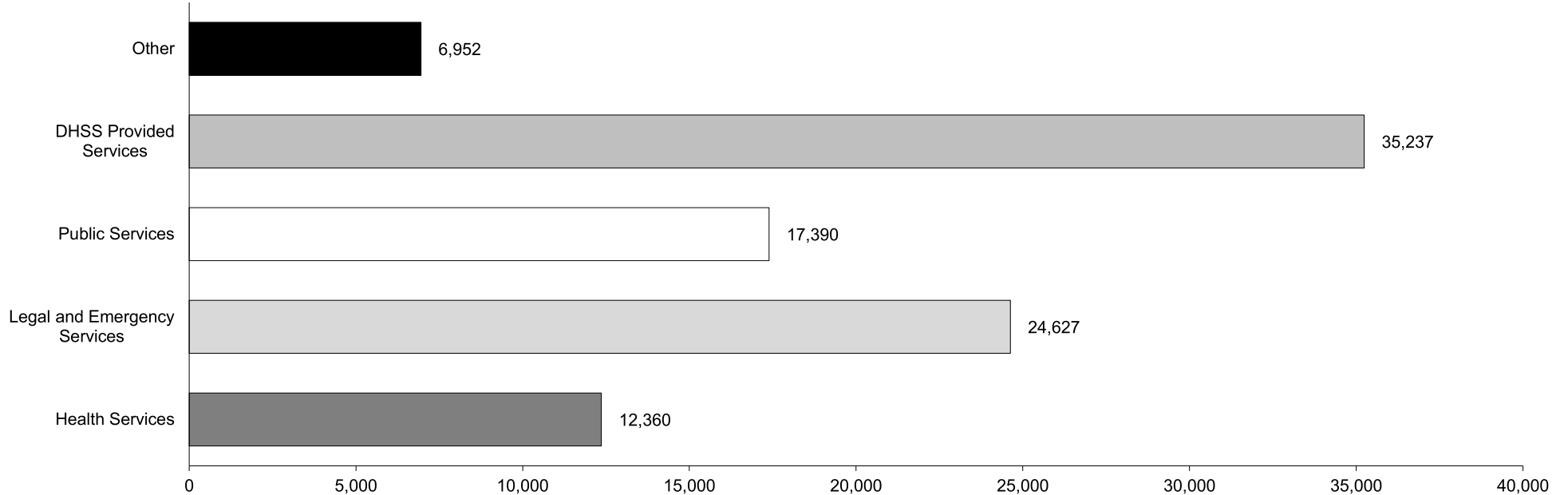
AB Section(s): 10.900

Senior and Disability Services Administration and Field Operations

Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations

2c. Provide a measure(s) of the program's impact (continued).

FY 2024 Adult Protective Services Interventions



When responding to an Adult Protective Services Report, staff use interventions to address an adult's unmet needs or reduce the risk of Abuse, Neglect, or Exploitation. Interventions were developed to provide information to the National Adult Maltreatment Reporting System (NAMRS), the national data collection system for Adult Protective Services.

Note: FY24 data does not include the entire fiscal year due to moving to a new computer software system in February 2024. Data represents the time period of July 1, 2023 through January 31, 2024.

Descriptions of category titles:

Health Services: Involves interventions provided to the adult around health, including mental health, medical/dental services, and substance use services.

Legal and Emergency Services: Involves interventions provided to the adult around legal or emergency issues, including emergency assistance, housing and relocation, law enforcement, legal, and victim services.

Public Services: Involves interventions provided to the adult around public assistance programs to provide necessities for them or their families, including community day programs, DD/habilitation programs, nutrition assistance, public assistance, and transportation.

DHSS Provided Services: Involves interventions provided to the adult through the department, including care/case management, in-home assistance, and inter-agency coordination.

Other: Involves other interventions such as caregiver support, education, employment, and training, and financial management.

PROGRAM DESCRIPTION

Health and Senior Services

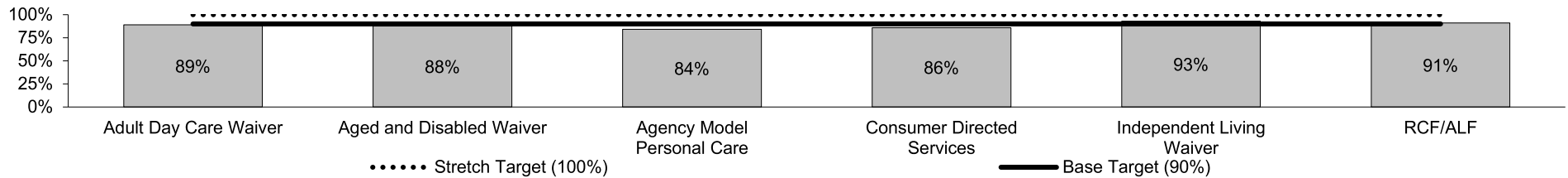
AB Section(s): 10.900

Senior and Disability Services Administration and Field Operations

Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations

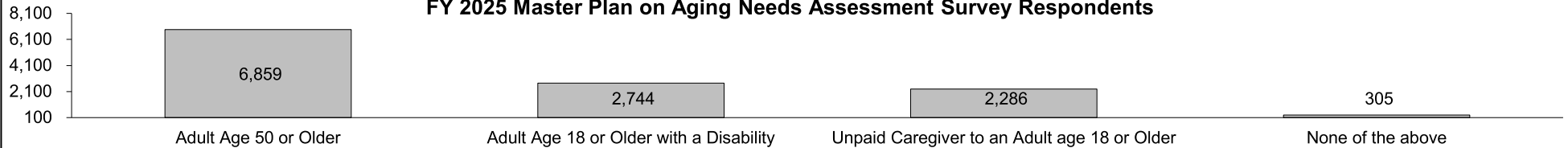
2c. Provide a measure(s) of the program's impact (continued).

Proportion of People Who Feel the Home and Community Based Services and Care Supports They Receive Help Them Live a Better Life (FY 2024)*



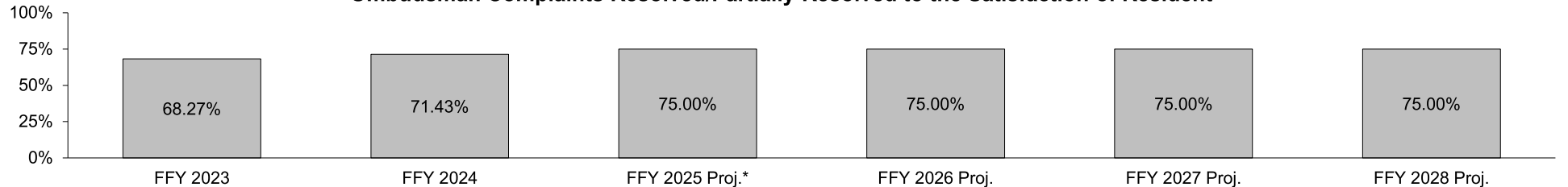
Data gathered from 2023-2024 National Core Indicators - Aging and Disabilities (NCI-AD) Adult Consumer Survey regarding Missouri's Home & Community Based Services Program.
 *FY 2025 Data Available June 2026.

FY 2025 Master Plan on Aging Needs Assessment Survey Respondents



In SFY 2025, BSP oversaw the administration of a statewide needs assessment to help inform the subcommittee members of the current and future needs of older adults, adults with disabilities, and caregivers. In total 7,261 Missourians completed a needs assessment survey; respondents could choose to identify as more than one category.

Ombudsman Complaints Resolved/Partially Resolved to the Satisfaction of Resident



Remaining complaints were either withdrawn, no action needed, referred to other agencies, or not resolved to the resident's satisfaction. In some cases, resident expectations may have differed from what the Ombudsman has the ability to resolve, resulting in less resident satisfaction. Many complaints are related to under staffing in nursing homes which is a national systemic issue. Until staffing standards are implemented across the nation, we anticipate satisfaction levels will remain about the same.

*Data Available Summer 2026.

PROGRAM DESCRIPTION

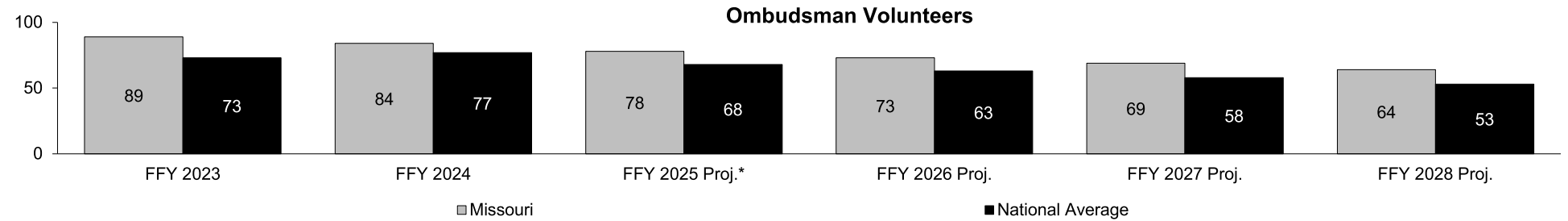
Health and Senior Services

AB Section(s): 10.900

Senior and Disability Services Administration and Field Operations

Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations

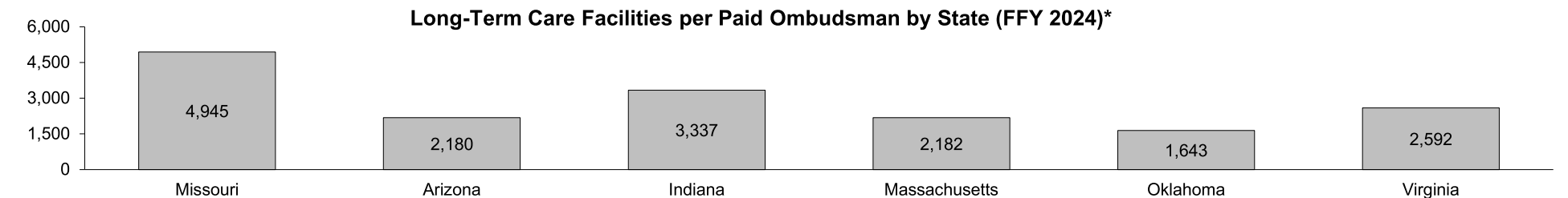
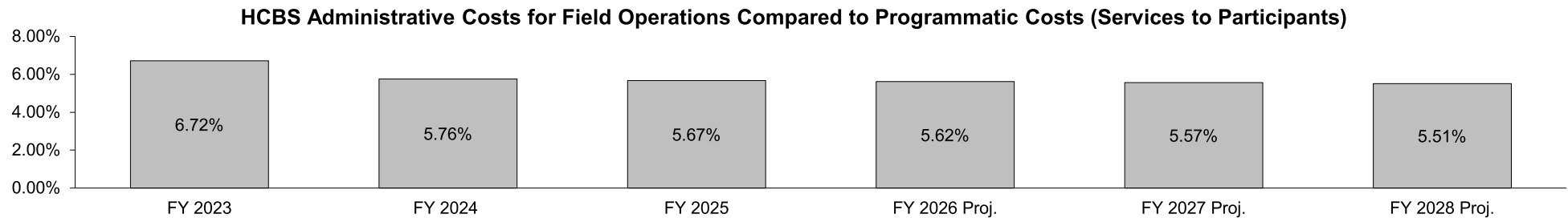
2c. Provide a measure(s) of the program's impact (continued).



This is a snapshot of the total number of active volunteers in the reporting period; however, not all are retained through out the entire reporting period. The Administration for Community Living (ACL) requires each new volunteer to complete 36 hours of initial training and 18 hours of continuing education every year. Volunteer participation is decreasing on the national level, in part due to training requirements and more complex complaints.

*Data Available Summer 2026.

2d. Provide a measure(s) of the program's efficiency.



FFY 2024 is the most current data available from the Administration for Community Living (ACL). These states were selected as they are decentralized, like Missouri, and similar in population.

*FFY 2025 Data Available Summer 2026.

PROGRAM DESCRIPTION

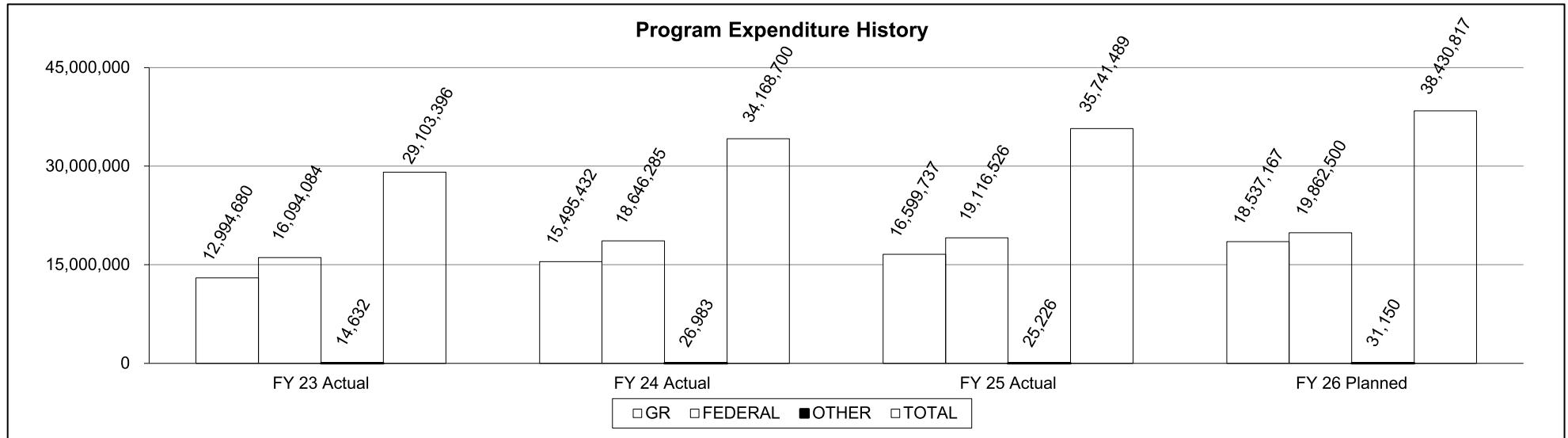
Health and Senior Services

AB Section(s): 10.900

Senior and Disability Services Administration and Field Operations

Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Nursing Facility Quality of Care Fund (0271).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Chapters 192 and 208, RSMo.

- Home and Community Based Services Operations
Title XIX and Title XX of the Social Security Act; PL 89-73 Older Americans Act, updated in 2006 by PL 109-365; and Chapter 192, Sections 208.152, 208.895, 208.900 to 208.930, 565.180 to 565.188 and 570.145, RSMo. Federal authority for specific activities is included on division program description pages.
- Adult Protective Services Operations
Title XIX and Title XX of the Social Security Act; PL 89-73 Older Americans Act, updated in 2006 by PL 109-365; PL 74-271 Elder Justice Act, amended 2018 by PL 115-123; Chapter 192, Sections 198.032, 198.070, 565.180-565.188, and 570.145, RSMo.
- Long Term Care Ombudsman
PL 89-73 Older Americans Act, updated by PL 109-365; 42 U.S.C., Section 3058; and 192.2300 through 192.2315, RSMo.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.900</u>
Senior and Disability Services Administration and Field Operations	
Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations	
6. Are there federal matching requirements? If yes, please explain. • Home and Community Based Services Operations Yes, within this program lies responsibility for program oversight of the Medicaid State Plan Personal Care Program, the Adult Day Care Waiver, the Aged and Disabled Waiver, the Independent Living Waiver, the Structured Family Caregiving Waiver, the Brain Injury Waiver, the Medically Fragile Adult Waiver, and the Healthy Children and Youth Program. State funds receive a 50 percent federal match when activities deal with home and community based care or the health and safety of Medicaid participants. • Adult Protective Services Operations Some of the activities of are eligible for Medicaid funding; the matching requirement is 50 percent. • Long Term Care Ombudsman 7. Is this a federally mandated program? If yes, please explain. • Home and Community Based Services Operations Yes, due to Missouri opting to offer HCBS, oversight of federal funding is required for use of Title XIX and Title XX of the Social Security Act funds and PL 89-73, Older Americans Act. Additional oversight of the Medicaid HCBS waivers is required by the Centers for Medicare and Medicaid. • Adult Protective Services Operations Yes, oversight of federal funding is required for use of Title XX of the Social Security Act funds and PL 74-271 Elder Justice Act. • Long Term Care Ombudsman Yes, states receiving Older Americans Act funding are mandated to have a long-term care ombudsman serving residents statewide.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): 10.905
Senior and Disability Services Non-Medicaid Programs	
Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs	
1a. What strategic priority does this program address? Expand Access to Services and Plan for the Impact of the Aging Population. 1b. What does this program do? The Division of Senior and Disability Services (DSDS) operates programs outside of Medicaid funding that support individuals with disabilities or vulnerable adults that are in need of critical short-term interventions to assist with instances of abuse, neglect or financial exploitation. Those initiatives include the Children and Youth with Special Health Care Needs (CYSHCN) program, the Adult Brain Injury (ABI) program, Kids Assistive Technology Program, Missouri Brain Injury Advisory Council (MBIAC), Traumatic Brain Injury (TBI) State Partnership Grant, and the Adult Protective Services short-term interventions program. Special Health Care Needs (SHCN) supports individuals with disabilities and chronic illness to improve their level of independence and overall health status by providing service coordination and authorization of program specific healthcare support services. SHCN serves both Medicaid and Non-Medicaid participants. The Medicaid programs have been incorporated in the Home and Community Based Medicaid Services Program Description. The following non-Medicaid programs within SHCN are administered through contracts with participating local public health agencies (LPHAs) and include: • The Children and Youth with Special Health Care Needs (CYSHCN) Program provides service coordination for children under the age of 21 who meet medical eligibility criteria and provides limited funding for preventative, diagnostic, and treatment healthcare services for those children whose families also meet financial eligibility. • Adult Brain Injury (ABI) Program provides service coordination and community based rehabilitation services. Participants of ABI are ages 21 to 65 who are living with a traumatic brain injury (TBI). Service coordination links the participants to resources to enable each person to obtain goals of independent living, community participation, and/or employment. Participants may also receive community-based rehabilitation services to help achieve their identified goals. Rehabilitation services include counseling, vocational training, employment supports, and home and community-based support training. In addition to these programs, SHCN also supports individuals through managing the following initiatives: • Family Partnership for children and youth with special health care needs provides Family Partners, who are available to assist families impacted by special health care needs, and by providing resources and information that empower these families to live a good life. Each Family Partner is a parent of a child or youth with special health care needs and is equipped to explore options and solutions with the families they serve. Family Partners are located throughout the state and host events that enable families to network and to stay current with trends and issues that may affect them. • Kids Assistive Technology Program provides funding to Missouri Assistive Technology to assist children and youth with special health care needs with access to technology resources that help reduce their functional barriers. • Federal TBI State Partnership Grant promotes system change initiatives and public awareness efforts through activities initiated with this grant, which in turn expand access to a comprehensive and coordinated system of services and supports for individuals with TBI. • Missouri Brain Injury Advisory Council (MBIAC) established pursuant to Section 192.745, RSMo, makes recommendations to the Department of Health and Senior Services Director for developing and administering a state plan to provide services for individuals living with a brain injury.	

PROGRAM DESCRIPTION

Health and Senior Services

Senior and Disability Services Non-Medicaid Programs

Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs

1b. What does this program do? (continued)

The Adult Protective Services short-term interventions program provides temporary services to eligible adults who have been victims of abuse, neglect, or financial exploitation. Funding for this program pays for emergency services and evaluations to assist/assess the victim in remaining safely in their homes and communities. These non-Medicaid funded services fill the gap while waiting for eligibility for other programs to be determined or when no other formal/informal resource is available.

2a. Provide an activity measure(s) for the program.

	FY 2023	FY 2024	FY 2025 Proj.*	FY 2026 Proj.	FY 2027 Proj.	FY 2028 Proj.
Children and Youth with Special Health Care Needs (CYSHCN) participants receiving service coordination	707	658	700	700	700	700
Children and Youth with Special Health Care Needs (CYSHCN) participants receiving diagnostic and treatment services*	613	585	600	600	600	600
Family Partnership for Children and Youth with Special Health Care Needs contacts**	9,496	16,134	16,295	16,458	16,623	16,789
Kids Assistive Technology individuals served	34	34	25	25	25	25
Adult Brain Injury (ABI) participants receiving service coordination	446	444	460	460	460	460
Adult Brain Injury (ABI) participants receiving provider rehabilitation services*	217	270	270	270	270	270

*This count is also reflected in the number of program participants receiving service coordination.

**Updated collection method began in FY 2024

***Data available November 2025.

Participants Receiving Short-Term Intervention Adult Protective Services

Fiscal Year	Participants
FY 2023	177
FY 2024	188
FY 2025	197
FY 2026 Proj.	215
FY 2027 Proj.	230
FY 2028 Proj.	245

The short-term intervention program allows employees to quickly assist more Missouri citizens who fall victim to urgent situations of Abuse, Neglect, and Exploitation when other local resources are not immediately available. Examples of short-term interventions include Home and Community-Based Services, purchasing basic goods, services, or supplies, providing short-term housing, etc.

PROGRAM DESCRIPTION

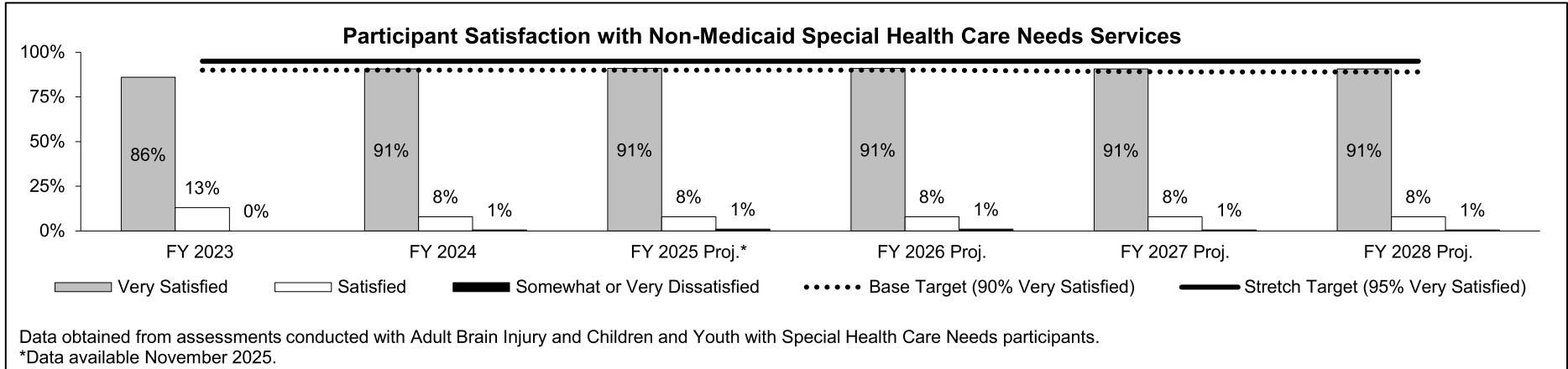
Health and Senior Services

AB Section(s): 10.905

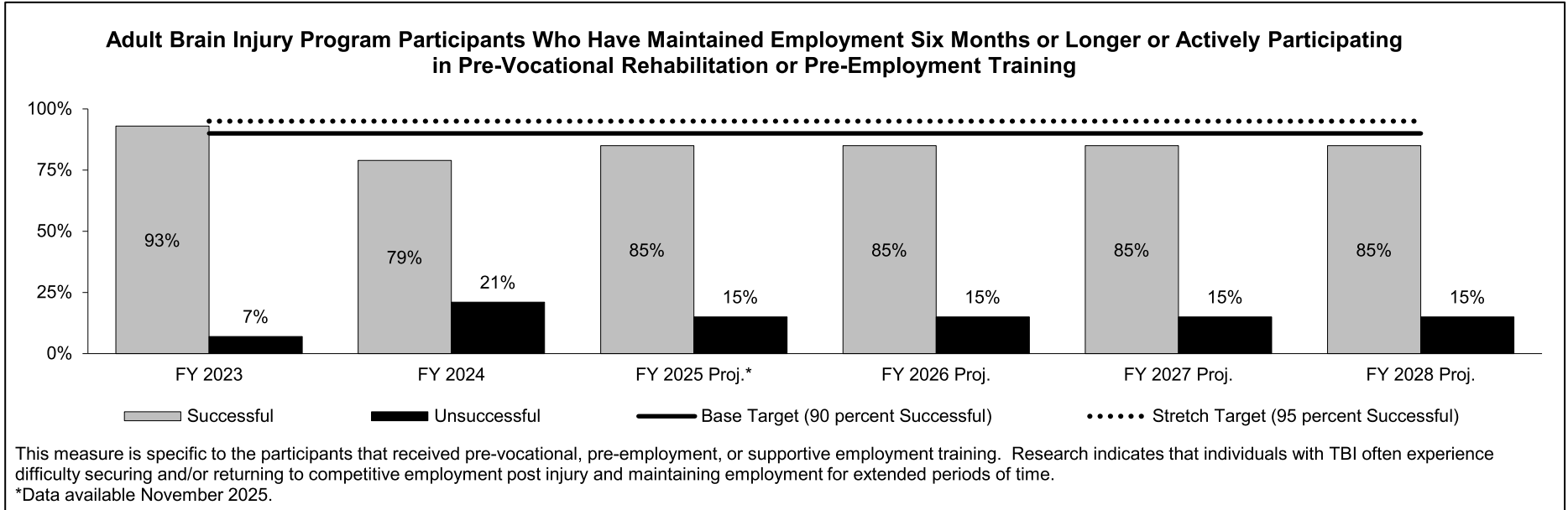
Senior and Disability Services Non-Medicaid Programs

Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs

2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

Health and Senior Services

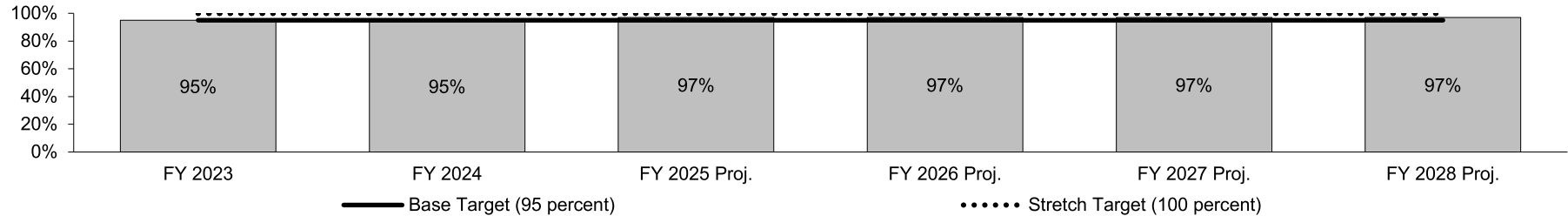
AB Section(s): 10.905

Senior and Disability Services Non-Medicaid Programs

Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs

2c. Provide a measure(s) of the program's impact. (continued)

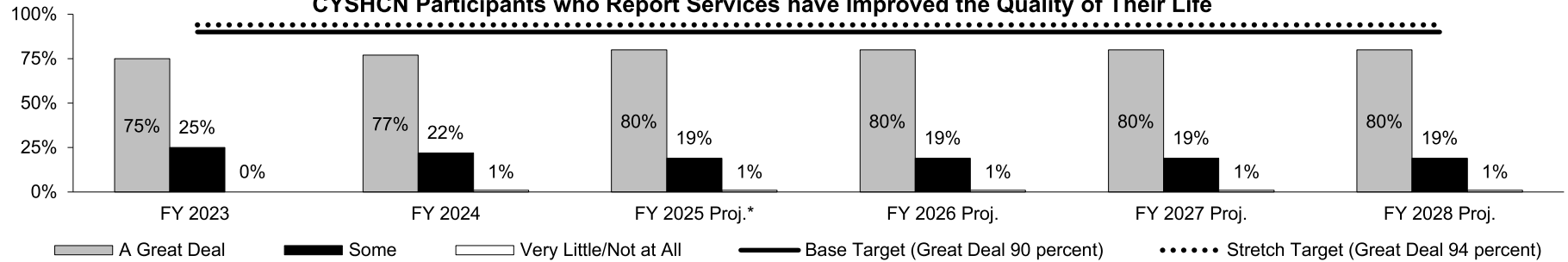
Adult Brain Injury Program Participants Who Report Maintenance of or Improvement in Independent Living or Community Participation



Data obtained from assessments conducted with ABI participants.

*Data available November 2025.

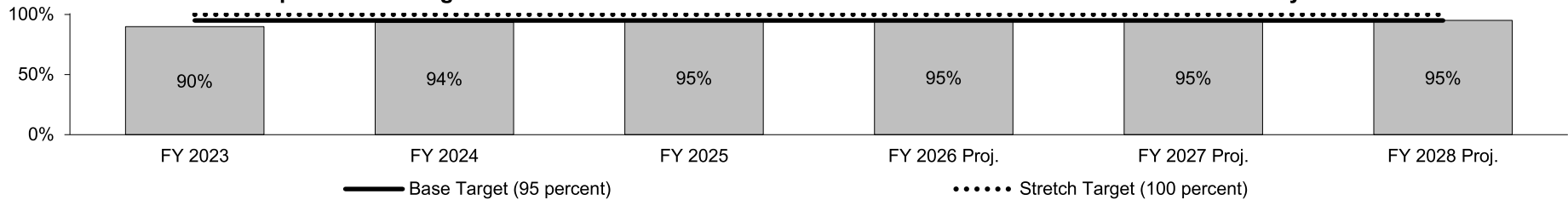
CYSHCN Participants who Report Services have Improved the Quality of Their Life



Data obtained from assessments conducted with program participants.

*Data available November 2025.

Participants Receiving Short-Term Adult Protective Intervention Services that Did Not Enter a Facility



Individuals receive short-term intervention services in an attempt to prevent facility placement within the year in which the short-term services are received.

PROGRAM DESCRIPTION

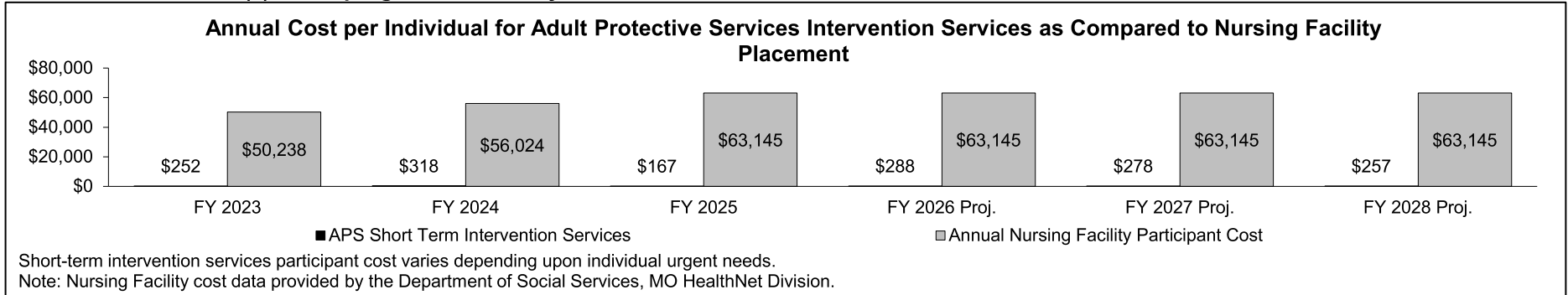
Health and Senior Services

AB Section(s): 10.905

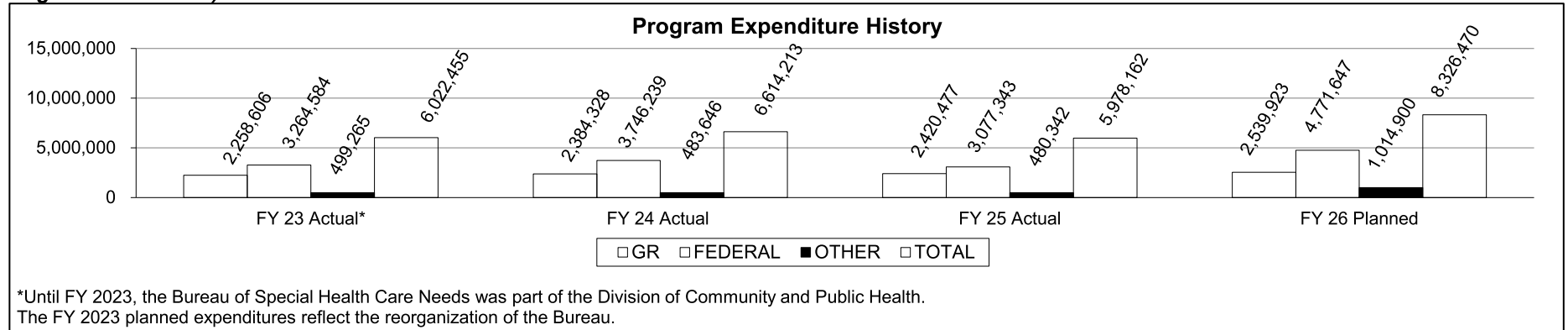
Senior and Disability Services Non-Medicaid Programs

Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs

2d. Provide a measure(s) of the program's efficiency.



3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.905</u>
Senior and Disability Services Non-Medicaid Programs	
Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs	
4. What are the sources of the "Other " funds? Health Initiatives Fund (0275), Brain Injury Fund (0742), C&M Smith Memorial Endowment Fund (0873), and Children's Special Health Care Needs Service Fund (0950). 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) • SHCN Sections 201.010 to 201.130, RSMo; Title V of the Social Security Act, Maternal and Child Health Block Grant, Sections 501 to 514; Sections 192.735-192.745, 199.003-199.009, and 304.028, RSMo; Title XIX of Social Security Act. • APS Sections 192.2400 - 192.2505, RSMo. 6. Are there federal matching requirements? If yes, please explain. Yes, the Maternal and Child Health Grant supports SHCN and requires a three dollar non-federal, four dollar federal match; and maintenance of effort. In addition, Medicaid funds support a portion of SHCN, requiring General Revenue funds to match Federal funds. The TBI grant requires a 50 percent match of state funds for every federal dollar granted. 7. Is this a federally mandated program? If yes, please explain. Yes, states receiving the Maternal and Child Health Block Grant funds are required to have a Children with Special Health Care Needs Program. Also, the existence of a brain injury advisory council is required in order to receive the federal TBI grant.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.910, 10.915, and 10.920</u>
Medicaid Home and Community-Based Services (HCBS)	
Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)	
1a. What strategic priority does this program address? Expand Access to Services and Plan for the Impact of the Aging Population. 1b. What does this program do? This program provides Medicaid Home and Community Based Services (HCBS) to allow individuals with disabilities and seniors to remain safe and independent in the least restrictive environment as an alternative to institutional care. Program Medicaid eligibility is determined by the Department of Social Services, Family Support Division (FSD). Service eligibility requires all participants to meet nursing facility level of care (LOC). Department of Health and Senior Services (DHSS) staff complete LOC assessments to determine whether HCBS participants are at a functional level of need that would require institutional care without the assistance of HCBS. Program eligibility is reassessed annually. HCBS provides assistance with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). ADLs include assistance with dressing, grooming, meal preparation, bathing, toileting, etc. IADLs include laundry, light housework, financial management services, grocery shopping, transportation, etc. HCBS includes the following waiver and state plan services: • Adult Day Care Waiver: provides Adult Day Care services to adults aged 18 to 63 in an effort to promote community and social engagement; • AIDS Waiver: provides personal care and support services to Missourians diagnosed with HIV; • Aged and Disabled Waiver: provides Homemaker, Respite, Chore, and Adult Day Care services to adults aged 63+ to ensure each participant has the tools and support needed to remain in the least restrictive environment possible; • Brain Injury Waiver: provides personal care and support services to Missourians aged 21 to 65 who are living with traumatic brain injury; • Healthy Children and Youth Program: provides medically necessary in home services (for example personal care and nursing care) to Missourians under the age of 21 with complex medical needs whose needs cannot be met through Missouri's State Plan programs; • Independent Living Waiver: provides self-direction services beyond the allowable maximum of the Consumer Directed Services program to adults aged 18 to 64 in order to provide the support necessary for participants to remain in their homes and communities; • Medically Fragile Adult Waiver: provides medically necessary in home services (for example personal care and nursing care) to Missourians aged 21+ with complex medical needs; • Structured Family Caregiving Waiver: provides personal care, light housework, medication oversight, and transportation services to adults aged 21 to 64 with a dementia related diagnosis; • State Plan Personal Care (Agency-Model and Consumer Directed) services: provides personal care and other support services to adults aged 18+ in order to allow them to remain in their homes and communities as an alternative to institutional care.	

PROGRAM DESCRIPTION

Health and Senior Services

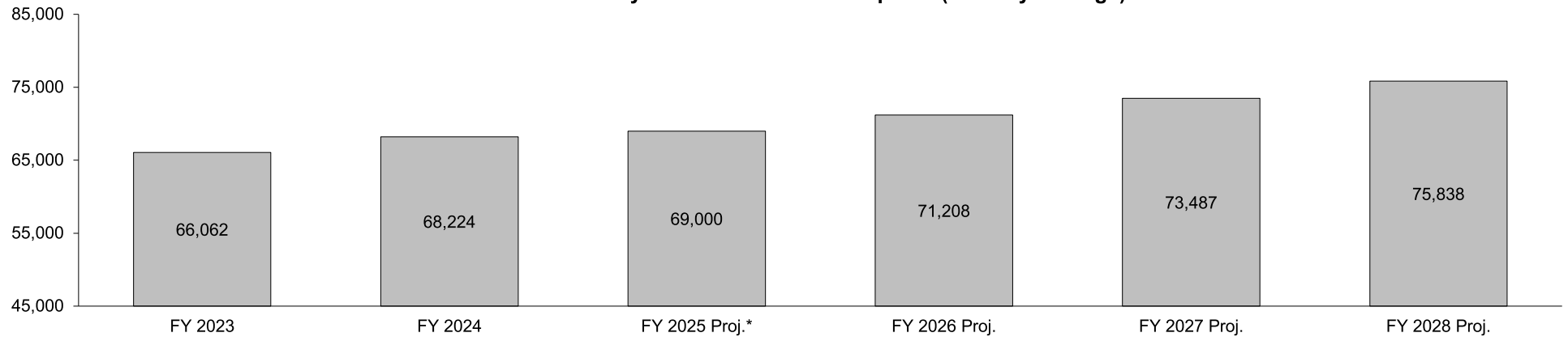
AB Section(s): 10.910, 10.915, and 10.920

Medicaid Home and Community-Based Services (HCBS)

Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)

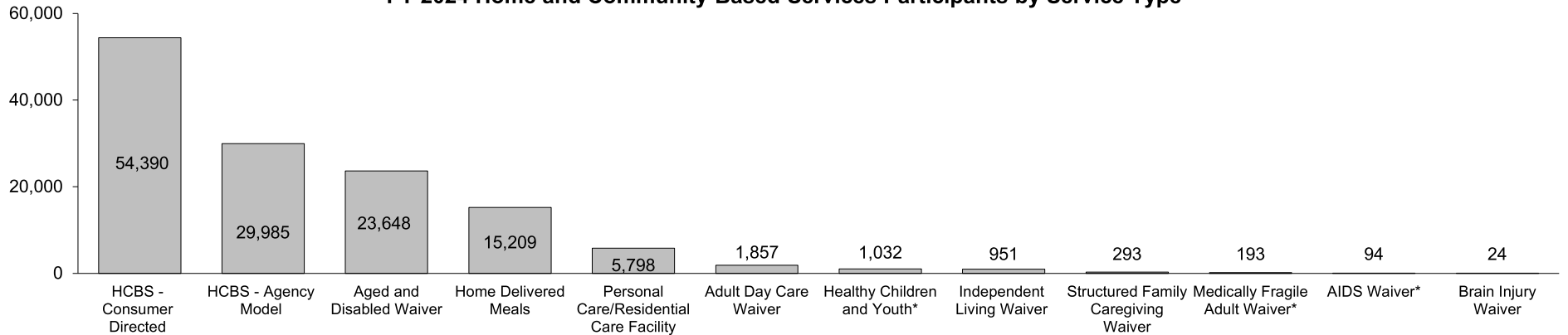
2a. Provide an activity measure(s) for the program.

Home and Community Based Services Participants (Monthly Average)



*Data available October 2025.

FY 2024 Home and Community-Based Services Participants by Service Type*



HCBS participants may participate in more than one service type, however they may not participate in more than one waiver.

*FY 2024 is the most recent year data is available for these service types. Data available November 2025 for FY 2025 data.

PROGRAM DESCRIPTION

Health and Senior Services

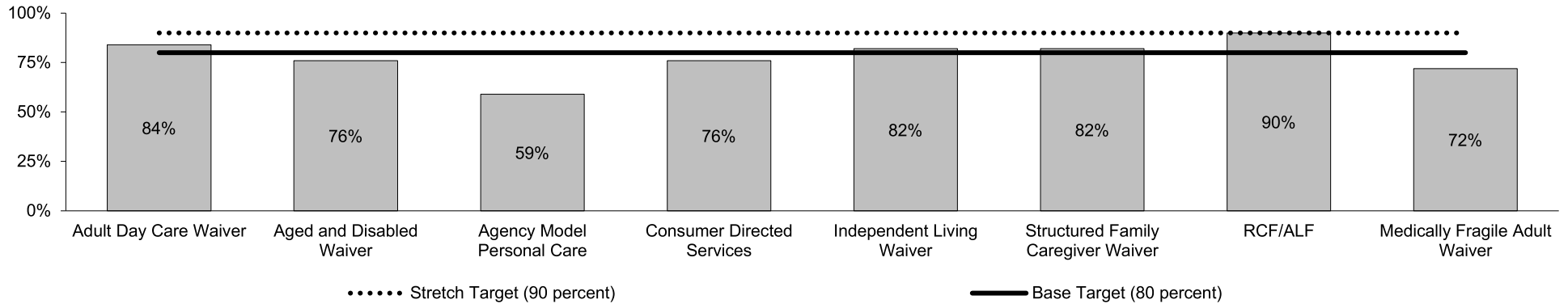
AB Section(s): 10.910, 10.915, and 10.920

Medicaid Home and Community-Based Services (HCBS)

Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)

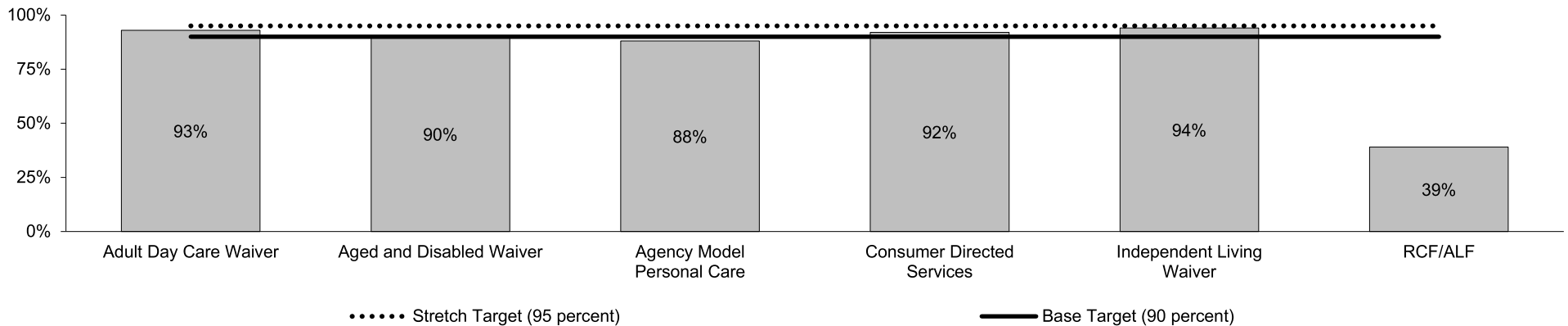
2b. Provide a measure(s) of the program's quality.

Proportion of People Whose Long-Term Care Services Meet all Their Current Needs and Goals (SFY 2024)



Data gathered from 2023-2024 National Core Indicators - Aging & Disabilities (NCI-AD) Adult Consumer Survey.

Proportion of People Who Know Whom to Contact if They Want to Make Changes to Their Services (SFY 2024)



Data gathered from 2023-2024 National Core Indicators - Aging & Disabilities (NCI-AD) Adult Consumer Survey.

PROGRAM DESCRIPTION

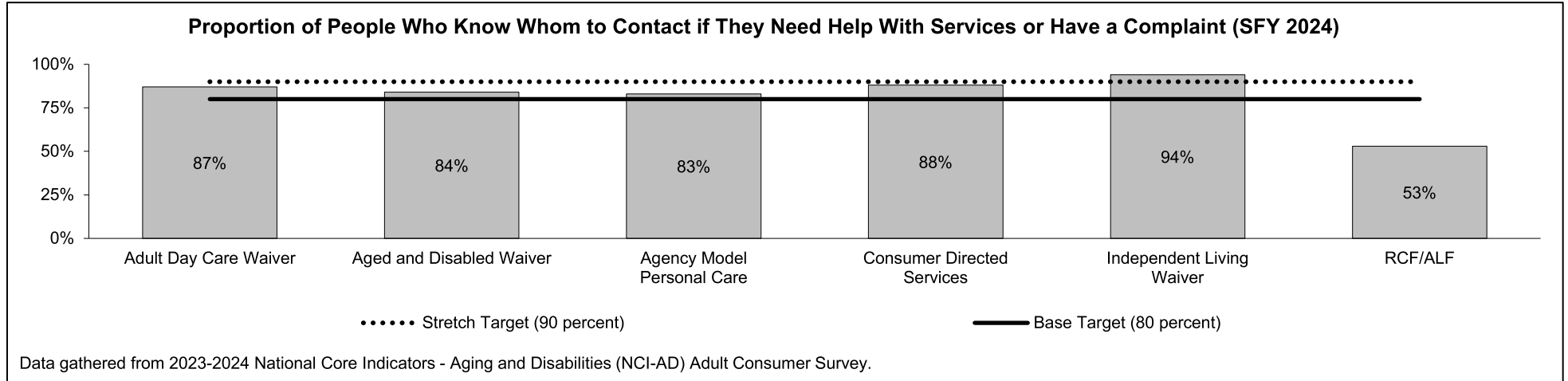
Health and Senior Services

AB Section(s): 10.910, 10.915, and 10.920

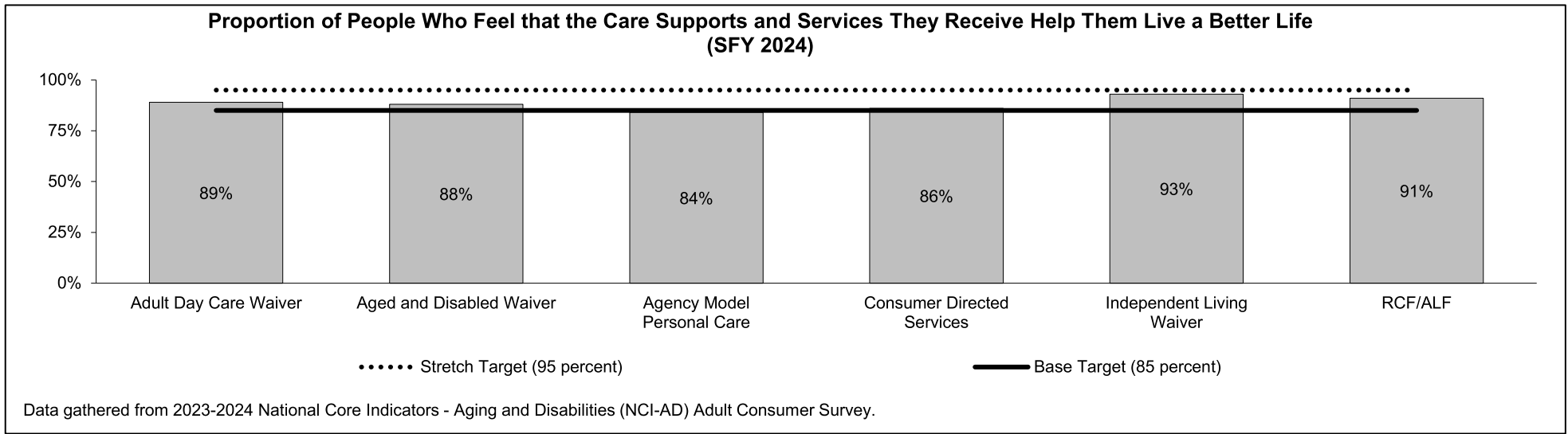
Medicaid Home and Community-Based Services (HCBS)

Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)

2b. Provide a measure(s) of the program's quality (continued)



2c. Provide a measure(s) of the program's impact. How much effort is invested to achieve impact.



PROGRAM DESCRIPTION

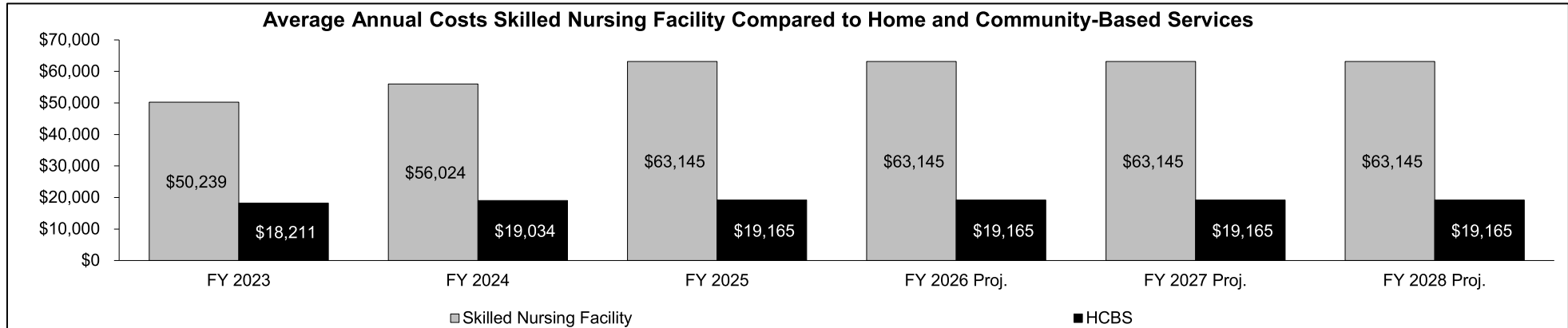
Health and Senior Services

AB Section(s): 10.910, 10.915, and 10.920

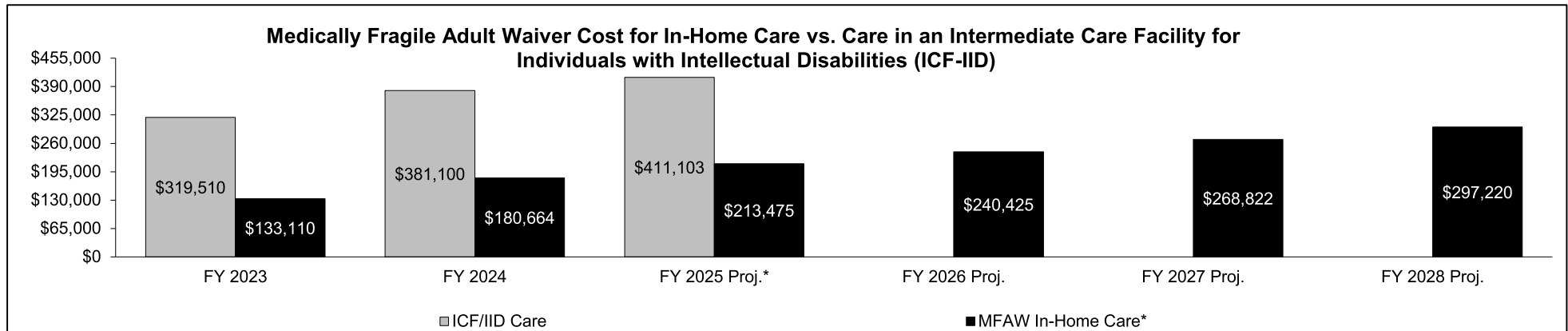
Medicaid Home and Community-Based Services (HCBS)

Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)

2d. Provide a measure(s) of the program's efficiency.



Data gathered from 2023-2024 National Core Indicators - Aging and Disabilities (NCI-AD) Adult Consumer Survey.



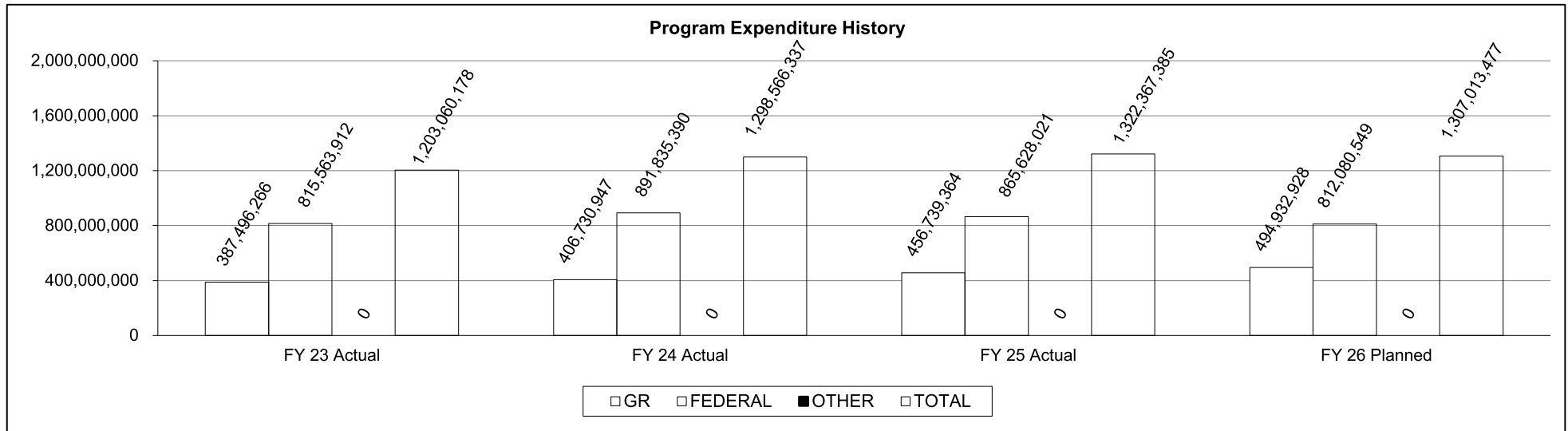
The cost for MFAW participants to receive services at home is significantly less than the cost for these individuals to live in an ICF/IID. The SFY 2023, 2024, and 2025 data is in accordance with the approved MFAW application for SFY 2022 to 2026. The target is to keep MFAW in-home care costs less than the cost of ICF-IID Care.

*Due to provider billing processes, the actual annual MFAW In-Home Care cost is not determined for a minimum of eighteen months following the end of the SFY.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): 10.910, 10.915, and 10.920
Medicaid Home and Community-Based Services (HCBS)	
Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)	

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

None.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Title XIX and Title XX of the Social Security Act; PL 89-73 Older Americans Act, updated in 2006 by PL 109-365; and Sections 192.2000, 192.2400 to 192.2505, 201.010 to 201.130, 208.152, and 208.900 to 208.930, RSMo.

6. Are there federal matching requirements? If yes, please explain.

Yes, HCBS provided under State Plan Personal Care, the Adult Day Care Waiver, the Aged and Disabled Waiver, the Independent Living Waiver, the AIDS Waiver, the Medically Fragile Adult Waiver, Brain Injury Waiver, Structured Family Caregiver Waiver, and Healthy Children and Youth (HCY) are matched by General Revenue according to the standard Federal Medical Assistance Percentage (FMAP) rate for activities related to home and community-based care for eligible participants.

7. Is this a federally mandated program? If yes, please explain.

Yes, due to Missouri opting to offer HCBS, oversight of federal funding is required for use of Title XIX and Title XX of the Social Security Act funds and PL 89-73, Older Americans Act. Additional oversight of the Medicaid HCBS waivers is required by the Centers for Medicare and Medicaid.

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.925

Area Agencies on Aging

Program is found in the following core budget(s): Area Agencies on Aging

1a. What strategic priority does this program address?

Expand Access to Services and Plan for the Impact of the Aging Population.

1b. What does this program do?

The mission of the area agencies on aging (AAAs) is to ensure that older adults and caregivers can live with dignity. These AAAs are designated by the State of Missouri to carry out the mission of the Older Americans Act (OAA) through conducting needs assessments with eligible older adults, age 60+, and caregivers in their designated planning and service areas. Based on findings from the needs assessment, each AAA designs programs and services to meet the needs voiced in their areas, particularly for those with the greatest economic or social needs.

- Primary program funding is received from the federal government pursuant to the OAA. The OAA provides services such as congregate meals, home-delivered meals, and supportive services such as in-home services, care coordination, benefits enrollment, transportation, home modifications, caregiver support, and evidence-based wellness programs through ten AAAs to Missourians age 60 and over (and younger in the case of family caregiver services) to help them avoid institutionalization and remain in the location of their choice for as long as they want to be there.

SB 275 from the 2019 legislative session created the Senior Services Growth and Development Program and corresponding fund. The Senior Services Growth and Development Fund was established to provide additional funding for senior services provided through the area agencies on aging in this state, with at least 50 percent of the funds distributed to be applied by area agencies on aging to the development and expansion of senior center programs, facilities, and services. This program was anticipated to begin in January 2020. However, the appropriated expenditure authority remained at \$1 until SFY 2024. This funding has been used multiple ways such as repairs and modernizing senior centers, expanding services to additional participants, funding implementation of new programs for vision, dental, and other formerly unmet needs, and adding additional senior centers to the network.

Give 5 is a “civic matchmaking” program that connects retirees and soon-to-be-retirees with meaningful volunteer opportunities that best fit their skill sets and passions. Participants learn about the most challenging problems facing their communities and uncover ways they can help make a difference in addressing those social and systemic issues through volunteerism. The Department contracts with the Missouri Association of Area Agencies on Aging (ma4) to implement the Give 5 Program statewide. They operate the program through contracts with the AAAs and other nonprofit organizations throughout the state.

Missouri’s Long-Term Care Ombudsman Program is a network of paid staff and trained volunteers overseen by the State Long-Term Care Ombudsman Office and operated by the AAAs. Paid Ombudsmen and supervised volunteers (hired by the AAAs) conduct regular visits to long-term care facilities to assist residents with solving concerns related to their quality of care and quality of life. Ombudsmen seek to reduce the sense of isolation some residents feel, especially those who do not have close family or friends. Ombudsmen can help residents rediscover a sense of self determination and exercise their rights. Education is provided to residents, families, facility staff and the community about subjects pertaining to long-term care. Systems advocacy is another important Ombudsman role to assure residents’ interests are represented to the public and lawmakers on a federal and state level.

PROGRAM DESCRIPTION

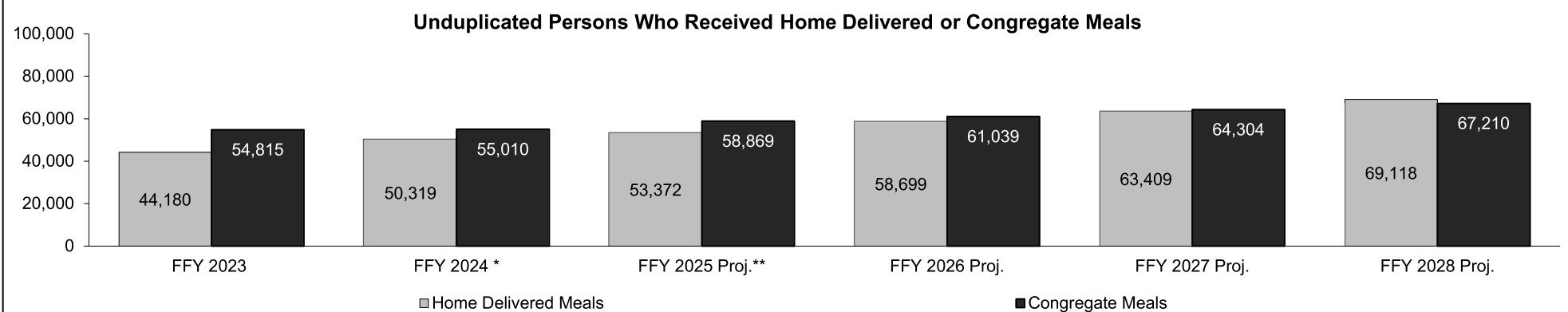
Health and Senior Services

AB Section(s): 10.925

Area Agencies on Aging

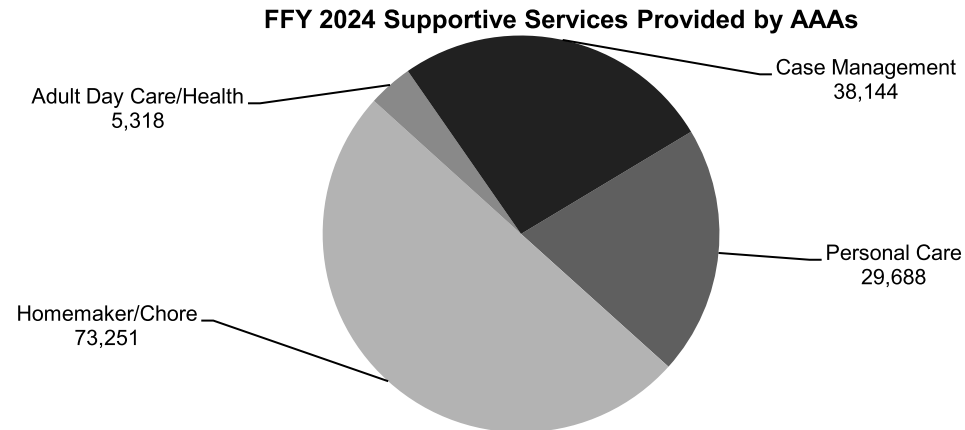
Program is found in the following core budget(s): Area Agencies on Aging

2a. Provide an activity measure(s) for the program.



*FFY 2024 is the most recently completed FFY.

**Data available August 2026.



Supportive services, such as Personal Care, Homemaker/Chore, Adult Day Care, and Case Management, help individuals remain in their location of choice. Supportive services for FFY 2024 are identified by the units of each service provided to OAA participants across the state. FFY 2024 is the most recently completed FFY. FFY 2025 data will be available Summer 2026.

PROGRAM DESCRIPTION

Health and Senior Services

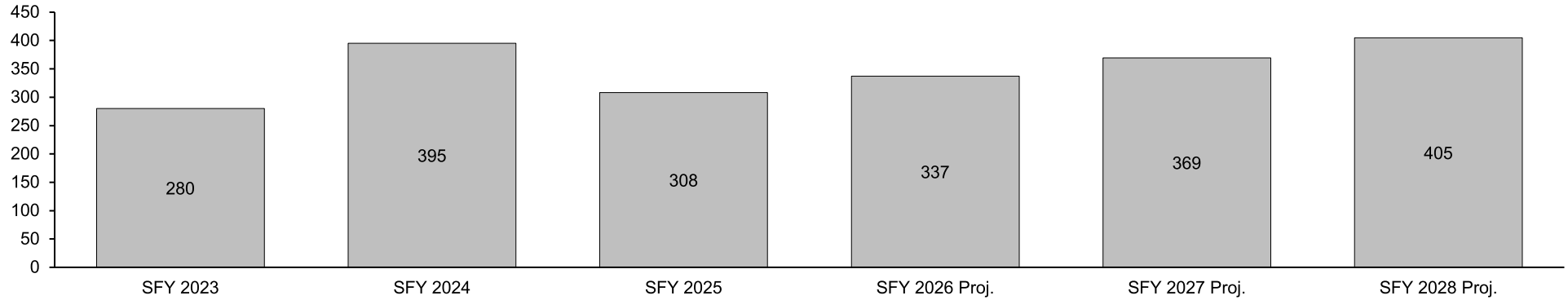
AB Section(s): 10.925

Area Agencies on Aging

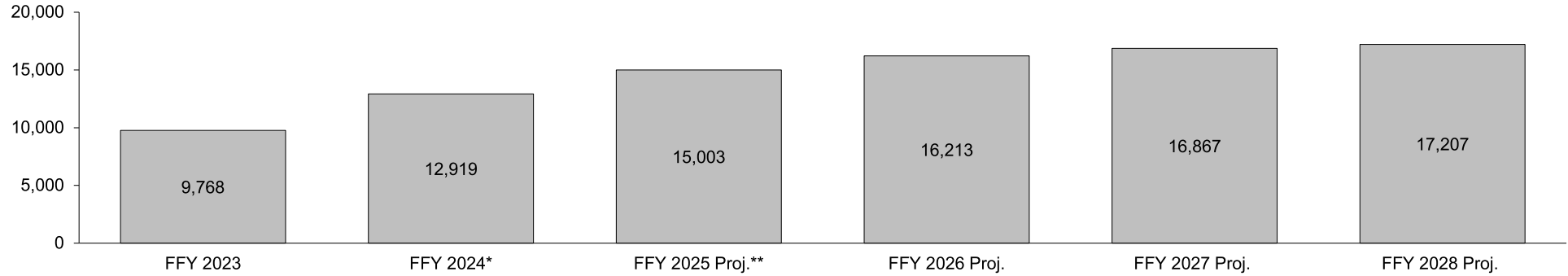
Program is found in the following core budget(s): Area Agencies on Aging

2a. Provide an activity measure(s) for the program. (continued)

Number of Participants who Completed Give 5



Unduplicated Persons Receiving OAA Supportive Services by Year



*FFY 2024 is the most recently completed FFY.

**Data available August 2026.

PROGRAM DESCRIPTION

Health and Senior Services

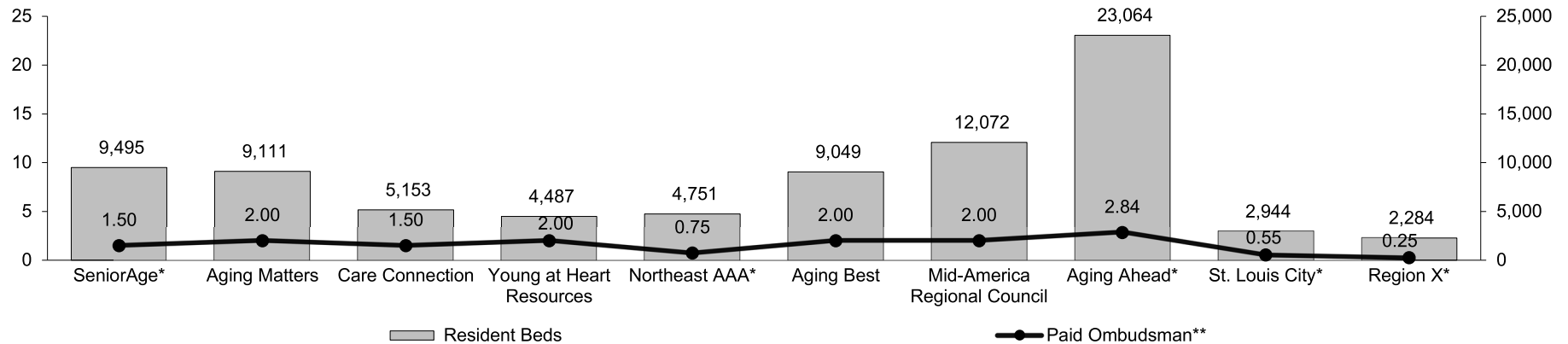
AB Section(s): 10.925

Area Agencies on Aging

Program is found in the following core budget(s): Area Agencies on Aging

2a. Provide an activity measure(s) for the program. (continued)

FFY 2024 Number of Paid Ombudsman and Resident Beds by AAA**



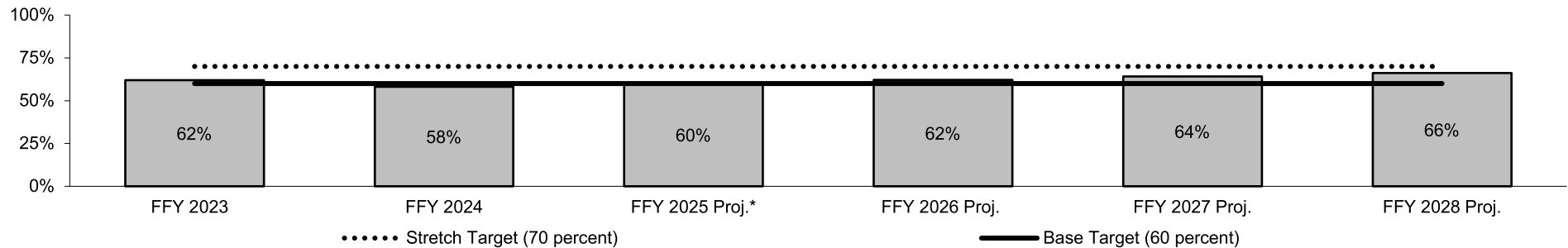
As of July 1, 2025. Recommended ratio is one paid Ombudsman for every 2,000 licensed long-term care facility beds.

*AAAs who contract out the Ombudsman paid positions. (Aging Matters will be contracting the Ombudsman paid position(s) in FFY 2025).

**FFY 2024 is the most recently completed FFY. FFY 2025 data available August 2026.

2b. Provide a measure(s) of the program's quality.

Percent of Home Delivered Meal Recipients who are at High Nutritional Risk



Persons determined to be at high nutritional risk via an assessment by the AAA are more likely to have higher overall healthcare costs or become institutionalized. Receiving home-delivered meals is one way to help older individuals reduce healthcare costs and remain in the home. The OAA outlines several risk factors outside of high nutritional risk that could also lead to the need for home-delivered meals, including, but not limited to, those individuals with the greatest economic or social need.

*Data available August 2026.

PROGRAM DESCRIPTION

Health and Senior Services

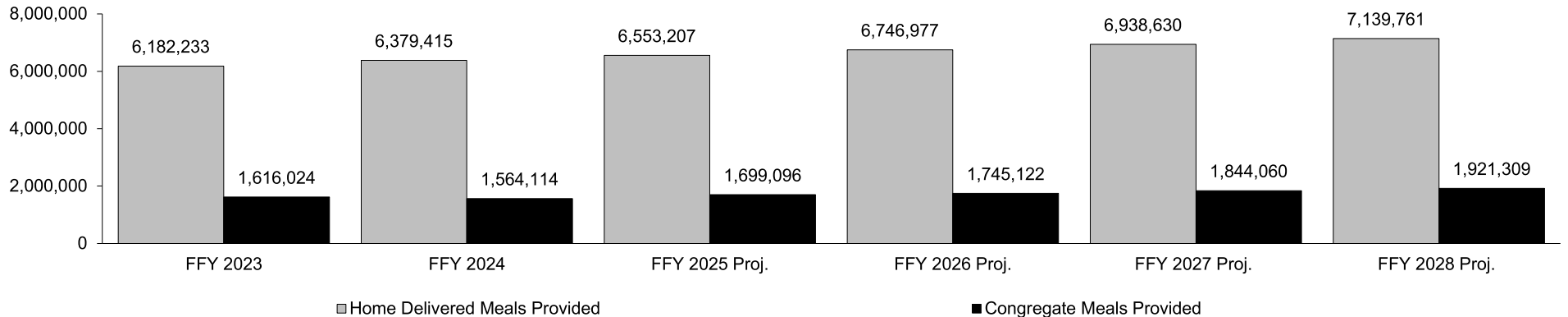
AB Section(s): 10.925

Area Agencies on Aging

Program is found in the following core budget(s): Area Agencies on Aging

2c. Provide a measure(s) of the program's impact.

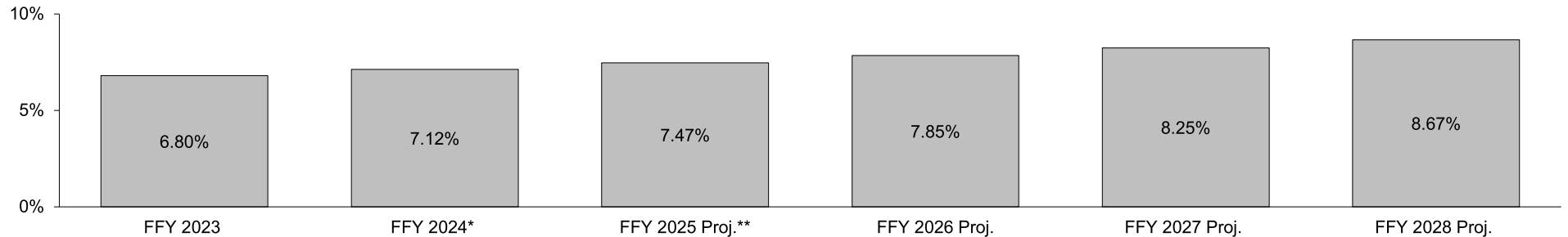
Number of Home Delivered Meals vs. Congregate Meals



*FFY 2024 is the most recently completed FFY.

**Data available August 2026.

Eligible Missouri Population Receiving Home Delivered or Congregate Meals



Missouri's population is aging, with more older adults becoming eligible each year. Outreach and education to those just reaching eligibility has increased. Due to this, we expect the number of eligible individuals receiving congregate and home delivered meals to grow each year.

*FFY 2024 is the most recently completed FFY.

**Data available August 2026.

PROGRAM DESCRIPTION

Health and Senior Services

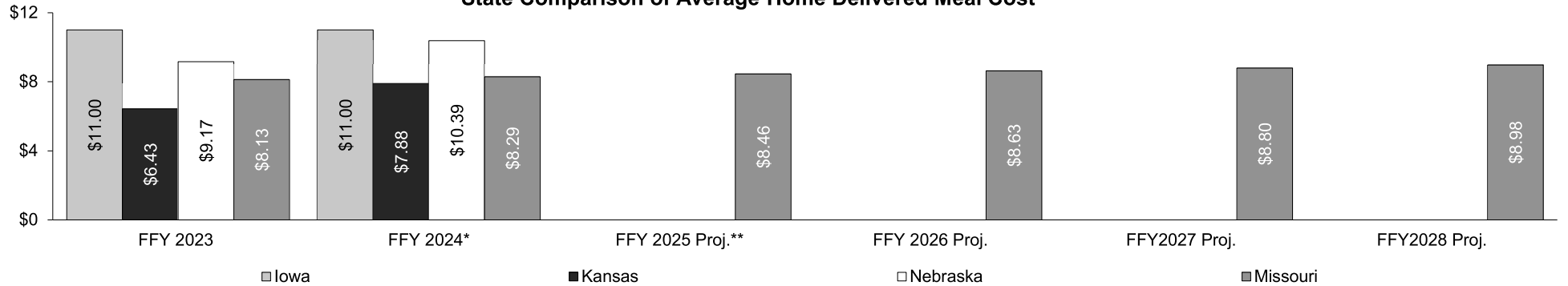
AB Section(s): 10.925

Area Agencies on Aging

Program is found in the following core budget(s): Area Agencies on Aging

2d. Provide a measure(s) of the program's efficiency.

State Comparison of Average Home Delivered Meal Cost

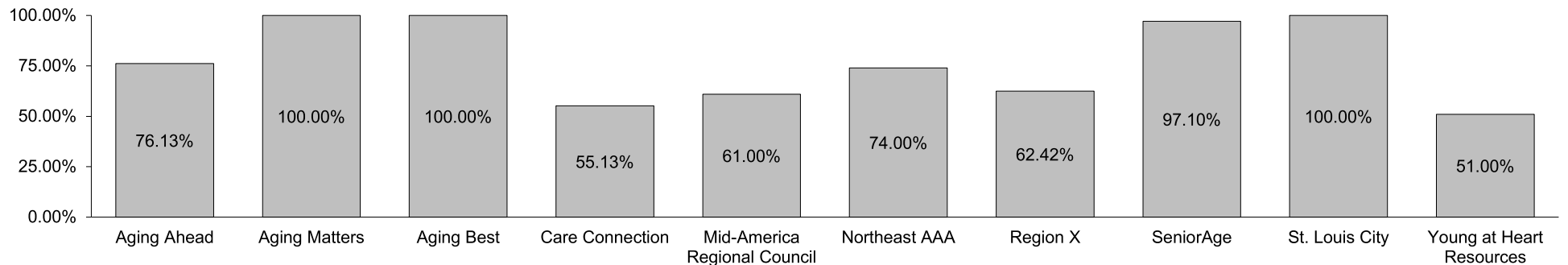


Missouri's average AAA cost to provide home-delivered meals continues to be competitive compared to neighboring states.

*FFY 2024 is the most recently completed FFY.

**Data available August 2026.

Percent of Senior Service Growth and Development Program Funds Requested for Development and Expansion of Senior Center Programs, Facilities, and Services by Area Agency on Aging



Area Agencies on Aging received their first allotment of Senior Service Growth and Development funds in SFY 2024. The statute authorizing the Senior Services Growth and Development Program requires at least fifty percent of all moneys distributed under this section shall be applied by area agencies on aging to the development and expansion of senior center programs, facilities, and services. This chart represents the amount of the funds requested by the agencies at the end of SFY 2025, not funds that have yet to be requested.

PROGRAM DESCRIPTION

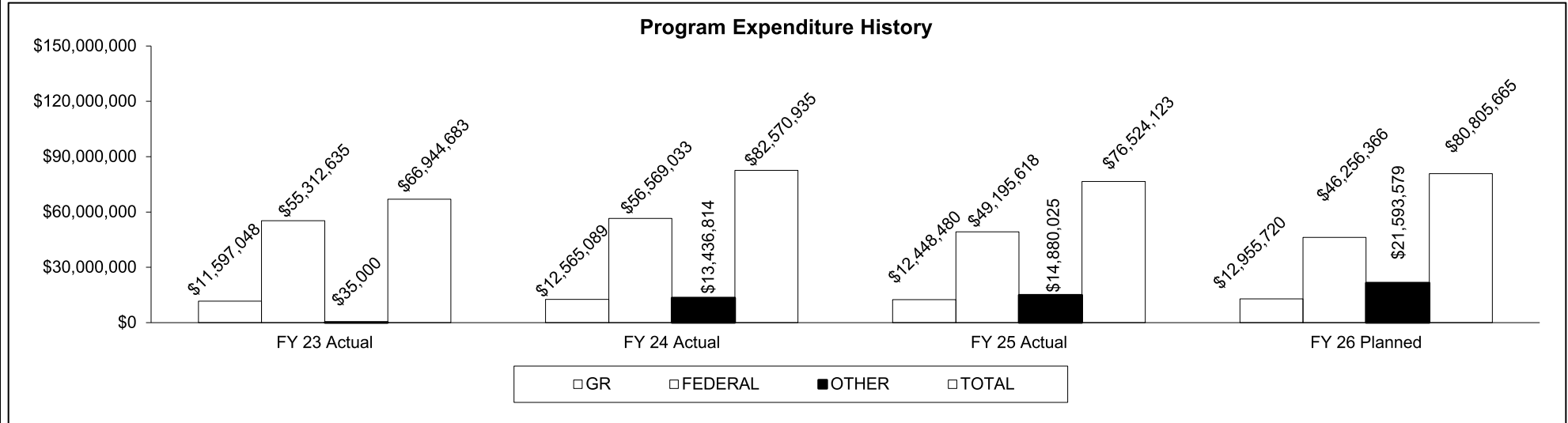
Health and Senior Services

AB Section(s): 10.925

Area Agencies on Aging

Program is found in the following core budget(s): Area Agencies on Aging

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Elderly Home Delivered Meals Trust Fund (0296).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Chapter 192, RSMo. Federal Statutory or Regulatory Citation: Title XIX and Title XX of the Social Security Act and PL 114-144, Older Americans Reauthorization Act of 2020.

6. Are there federal matching requirements? If yes, please explain.

Yes, services funded through the Older Americans Act require matching funds. Title III administration and Title III-E family caregiver costs require a 25 percent match. Title III-B supportive program and Title III-C nutrition funding require 15 percent match of which five percent must be state match. No match is required for Title VII and the Nutrition Services Incentive Program (NSIP) funding.

7. Is this a federally mandated program? If yes, please explain.

Yes, oversight of federal funding is required for use of Older Americans Act funds, PL 116-131 (OAA)

PROGRAM DESCRIPTION	
Department of Health and Senior Services	AB Section(s): <u>10.916</u>
Program Name: Complex Care Assistant	
Program is found in the following core budget(s): Complex Care Assistant	
1a. What strategic priority does this program address? Expand access to services. 1b. What does this program do? Complex Care Assistant (CCA) services provide in-home specialized care to medically complex children under the age of 21. CCA services include the delivery of skilled tasks that do not require a nurse's skills, judgment or assessment. Services provided through CCA include; enteral G-tube/J-tube feedings, skin care including application of over the counter (OTC) products or routine G-tube/J-tube care, oxygen therapy, oral suctioning, ostomy care, catheter care, modified meal preparation, equipment management and maintenance and application of braces, splints and/or pressure stockings. 2a. Provide an activity measure(s) for the program. Activity will be measured by the number of participants in the program. 2b. Provide a measure(s) of the program's quality. Quality will be measured by participant satisfaction with the program as measured by surveys. 2c. Provide a measure(s) of the program's impact. Impact will be measured by the percent of participants who report the program has improved their quality of life. 2d. Provide a measure(s) of the program's efficiency. Efficiency will be measured by comparing the cost per participant to the cost of participants receiving Private Duty Nursing services.	

PROGRAM DESCRIPTION

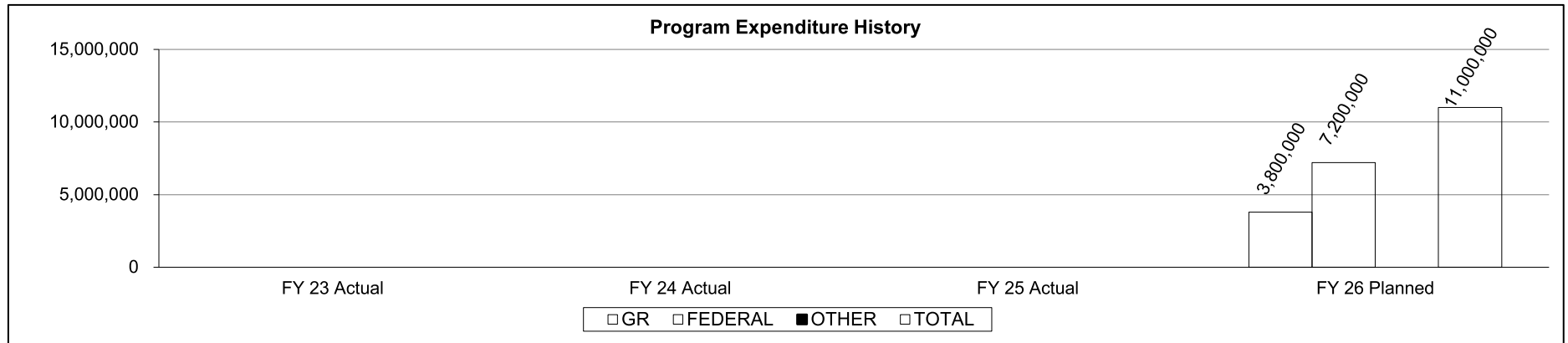
Department of Health and Senior Services

AB Section(s): 10.916

Program Name: Complex Care Assistant

Program is found in the following core budget(s): Complex Care Assistant

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

None.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Not applicable.

6. Are there federal matching requirements? If yes, please explain.

Yes, CCA falls under HCBS and will be matched by General Revenue according to the standard Federal Medical Assistance Percentage (FMAP) rate for activities related to home and community-based care for eligible participants.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.930

Alzheimer's Services

Program is found in the following core budget(s): Alzheimer's Services

1a. What strategic priority does this program address?

Expand Access to Services and Plan for the Impact of the Aging Population.

1b. What does this program do?

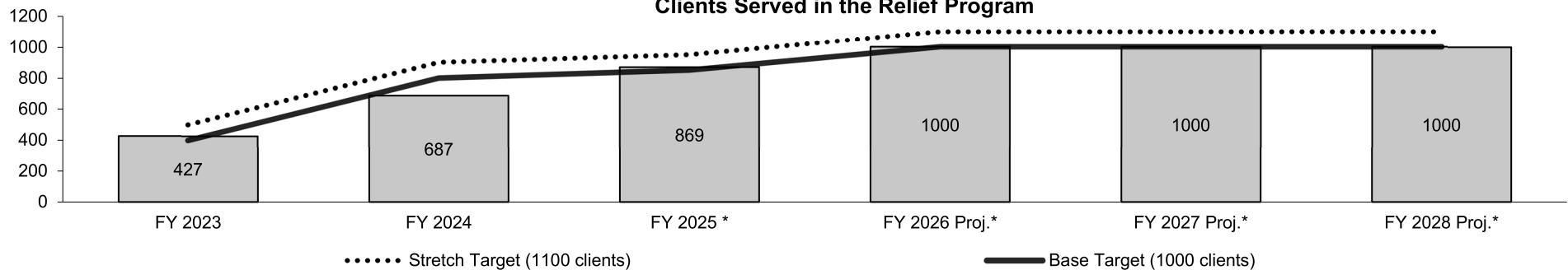
The Customized Caregiver Training and Relief program (known publicly as the Missouri Caregiver Program) offers training through assessment, care coordination, referrals, safety equipment, and learning modules for caregivers; offers relief through assessment, care coordination, referrals, supportive products and respite care; and assistive technology to help monitor and maintain the safety of individuals with dementia in the home.

The primary goal of this program is to support efforts to decrease premature institutionalization of individuals diagnosed with Alzheimer's disease and related dementias by reducing caregiver stress, helping caregivers cope, and ensuring the safety of the caregivers' loved ones through respite services and/or in-home caregiver training and supports for the caregiver.

The Alzheimer's Association estimates the number of Missourians 65 and older with Alzheimer's disease is 122,300, which represents 11.2% of our older adult population. An estimated 223,000 caregivers provide \$6,478,000,000 in unpaid care for Missourians each year.

2a. Provide an activity measure(s) for the program.

Clients Served in the Relief Program



*Additional funding was appropriated for the Customized Caregiver Training and Relief Program in FY 2024 and again in FY 2025 and FY 2026. These funds were/will be used for additional units of service in respite and relief and assistive technology to support caregivers and their care recipients at home. The increase in clients for FY 2024 and FY2025, and the projected increase in FY 2026 and beyond is the result of the addition of assistive technology services and increased funding for both assistive technology and respite.

PROGRAM DESCRIPTION

Health and Senior Services

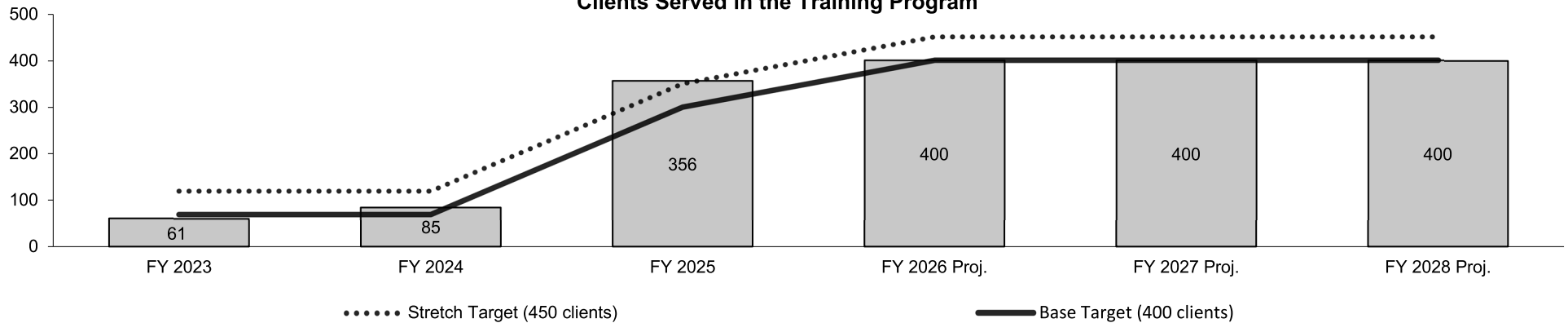
AB Section(s): 10.930

Alzheimer's Services

Program is found in the following core budget(s): Alzheimer's Services

2a. Provide an activity measure(s) for the program. (continued)

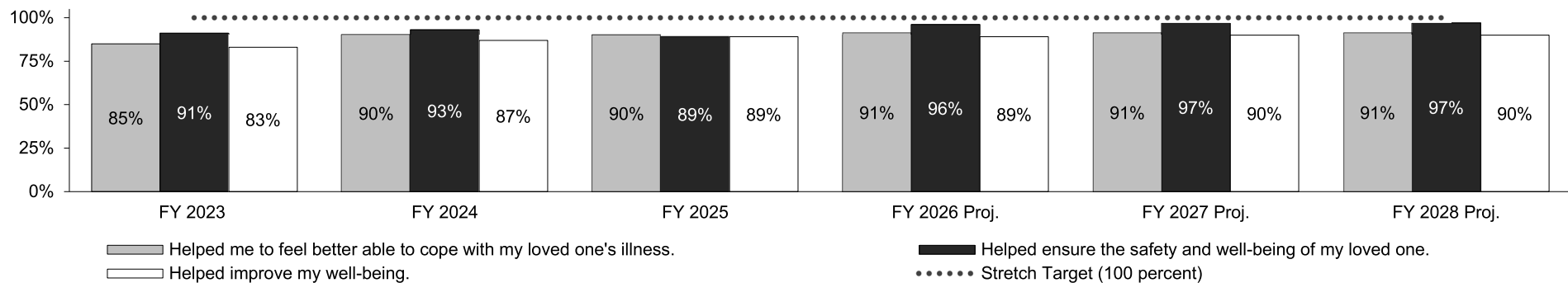
Clients Served in the Training Program



Prior to FY 2023, the subcontractor for this portion of the contract was unable to serve individuals outside of St. Louis and the surrounding counties. The contractor hired a Community Health Worker in FY 2023 to provide the services directly in the other regions of the state, but the onboarding and ramp-up to provide services was slow. With the addition of more funding in these areas, Community Health Worker time in the field increased and additional clients across the state were served.

2b. Provide a measure(s) of the program's quality.

Caregiver Training and Relief Survey Results with Positive Responses



The contractor, Community Asset Builders, surveyed all caregivers receiving relief or training provided by the program to determine if the services they received helped them cope with their loved one's illness; ensured the safety and well-being of their loved one; and improved their own well-being. The percentage of positive responses to each question are shown in the chart above.

PROGRAM DESCRIPTION

Health and Senior Services

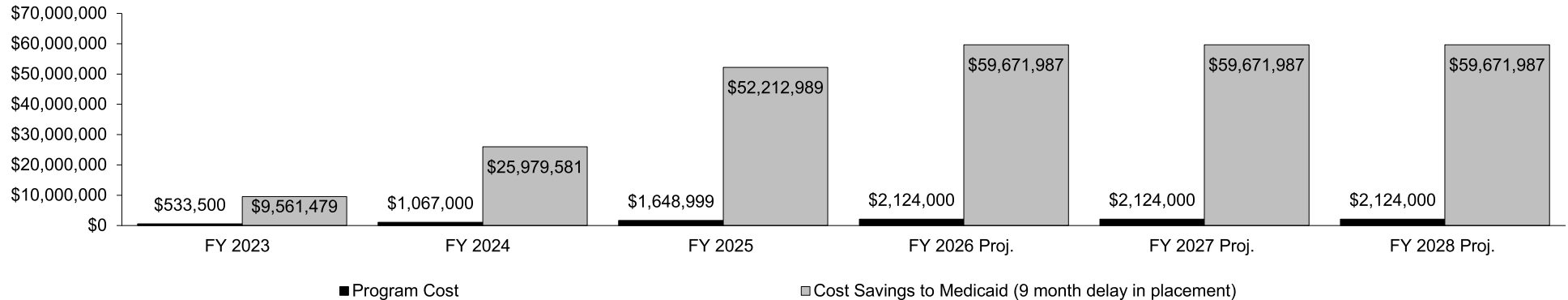
AB Section(s): 10.930

Alzheimer's Services

Program is found in the following core budget(s): Alzheimer's Services

2c. Provide a measure(s) of the program's impact.

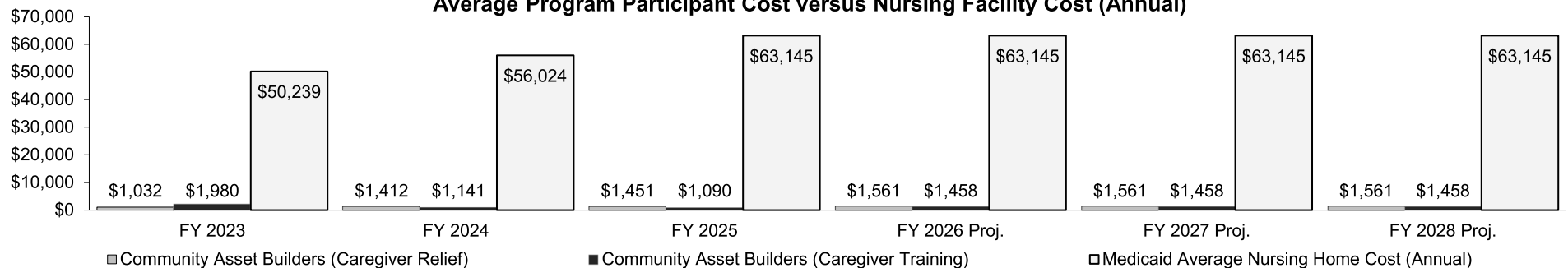
Cost Savings to Medicaid Based on Average Delayed Institutional Placement



Ninety percent of survey responses indicated that the program helped caregivers delay the placement of a loved one in a long-term care facility, with an average delay of at least nine months for those participants in the relief program. The average monthly cost of a nursing home in Missouri has risen to \$5,262 for FY2025 and beyond. The average Medicaid cost savings is based on nine months of nursing home care. Some participants may not be Medicaid eligible when first placed but could quickly become Medicaid eligible due to the high cost of dementia care in skilled nursing facilities. The increases in savings from FY 2024 and beyond are due to additional funding, which will increase the number of caregivers able to be served.

2d. Provide a measure(s) of the program's efficiency.

Average Program Participant Cost versus Nursing Facility Cost (Annual)



The average annual cost per participant to provide in-home caregiver training and respite services for the loved one is substantially less than the amount it would cost if that loved one was placed in a long-term care facility. Some participants' loved ones may not be Medicaid eligible at first but could quickly become Medicaid eligible due to the high cost of Alzheimer's units in nursing facilities. The average cost per participant in both training and relief services decreases as the total number of participants increases due to economy of scale.

PROGRAM DESCRIPTION

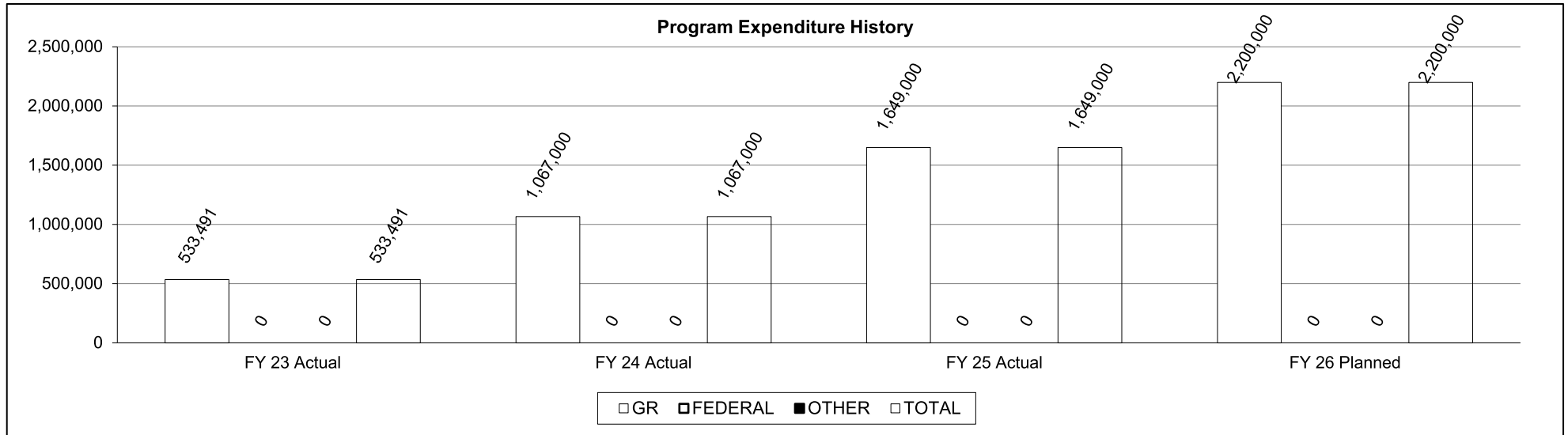
Health and Senior Services

AB Section(s): 10.930

Alzheimer's Services

Program is found in the following core budget(s): Alzheimer's Services

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Not applicable.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 192.2100 to 192.2110, RSMo.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.935

Senior Independent Living Program (SILP)

Program is found in the following core budget(s): Senior Independent Living Program (SILP)

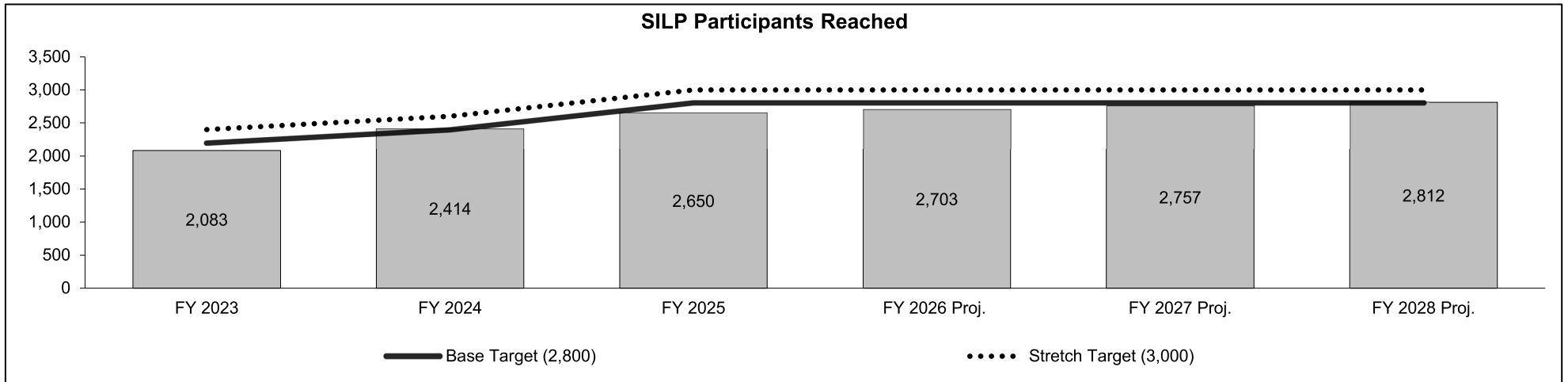
1a. What strategic priority does this program address?

Expand Access to Services and Plan for the Impact of the Aging Population.

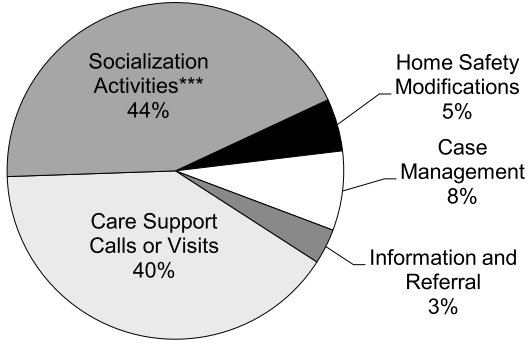
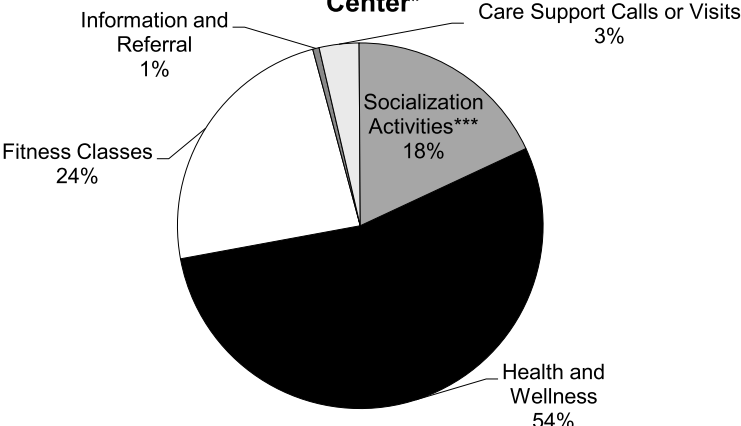
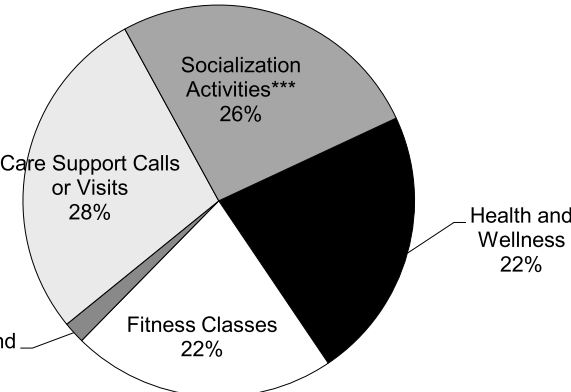
1b. What does this program do?

The goal of the program is to improve the health and safety of Missourians age 60 or older who participate in any of the five Senior Independent Living Programs (SILP) within the state: Jewish Federation of St. Louis in Creve Coeur (serving eligible residents within a three-mile radius of the Jewish Community Center Campus); A Caring Plus Foundation in Jennings (serving eligible residents within two-mile radius from the center's location); Palestine Senior Center in Kansas City (serving eligible residents within a two-mile radius from the center's location); Aging Best SILP in Columbia (serving eligible residents within the second and fifth wards of Columbia); and Services for Independent Living (SIL) SILP in Columbia (serving eligible residents within the first and third wards of Columbia). The SILPs support the healthy aging of older adults in their own homes by providing resources not accessible through other community programs, opportunities for meaningful community involvement, and increased access to supportive services.

2a. Provide an activity measure(s) for the program.



PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.935</u>																								
Senior Independent Living Program (SILP)																									
Program is found in the following core budget(s): Senior Independent Living Program (SILP)																									
2b. Provide a measure(s) of the program's quality.																									
FY 2025 Services Provided by Category - Jewish Federation*  <table border="1"> <caption>FY 2025 Services Provided by Category - Jewish Federation*</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Socialization Activities***</td> <td>44%</td> </tr> <tr> <td>Care Support Calls or Visits</td> <td>40%</td> </tr> <tr> <td>Case Management</td> <td>8%</td> </tr> <tr> <td>Information and Referral</td> <td>3%</td> </tr> <tr> <td>Home Safety Modifications</td> <td>5%</td> </tr> </tbody> </table>	Category	Percentage	Socialization Activities***	44%	Care Support Calls or Visits	40%	Case Management	8%	Information and Referral	3%	Home Safety Modifications	5%	*Each SILP provides the specific services needed to meet the individual needs of the eligible populations in their designated geographical areas. The most utilized services provided by each SILP in FY 2025 are listed by category in the five separate charts. **Socialization activities include book clubs, outings to events, movie nights, themed dinner nights, grandparent events, and other activities to provide opportunities for the older adults to be actively involved with others in their communities.												
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FY 2025 Services Provided by Category - Palestine Senior Center*  <table border="1"> <caption>FY 2025 Services Provided by Category - Palestine Senior Center*</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Health and Wellness</td> <td>54%</td> </tr> <tr> <td>Fitness Classes</td> <td>24%</td> </tr> <tr> <td>Socialization Activities***</td> <td>18%</td> </tr> <tr> <td>Care Support Calls or Visits</td> <td>3%</td> </tr> <tr> <td>Information and Referral</td> <td>1%</td> </tr> </tbody> </table>	Category	Percentage	Health and Wellness	54%	Fitness Classes	24%	Socialization Activities***	18%	Care Support Calls or Visits	3%	Information and Referral	1%	FY 2025 Services Provided by Category - A Caring Plus*  <table border="1"> <caption>FY 2025 Services Provided by Category - A Caring Plus*</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Care Support Calls or Visits</td> <td>28%</td> </tr> <tr> <td>Socialization Activities***</td> <td>26%</td> </tr> <tr> <td>Health and Wellness</td> <td>22%</td> </tr> <tr> <td>Fitness Classes</td> <td>22%</td> </tr> <tr> <td>Information and Referral</td> <td>2%</td> </tr> </tbody> </table>	Category	Percentage	Care Support Calls or Visits	28%	Socialization Activities***	26%	Health and Wellness	22%	Fitness Classes	22%	Information and Referral	2%
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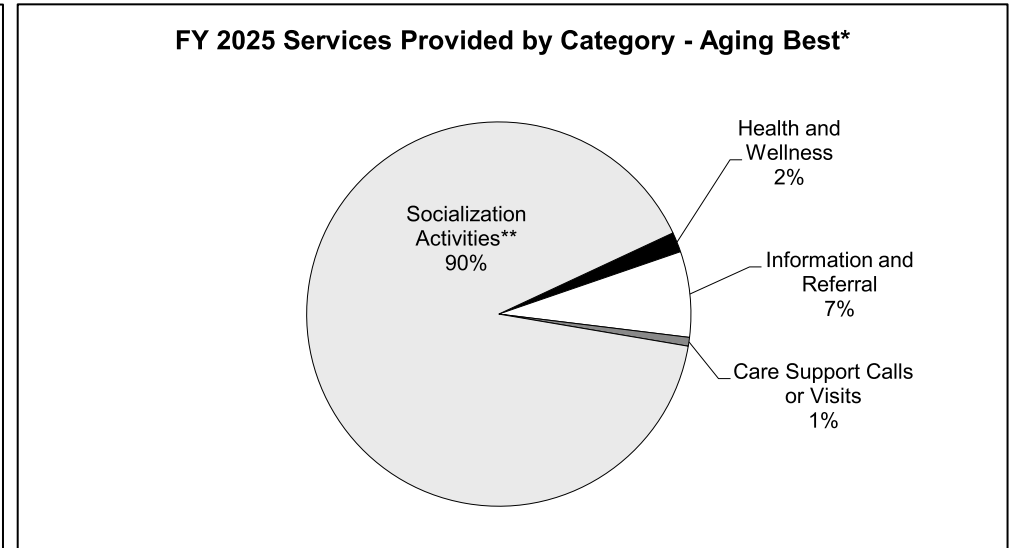
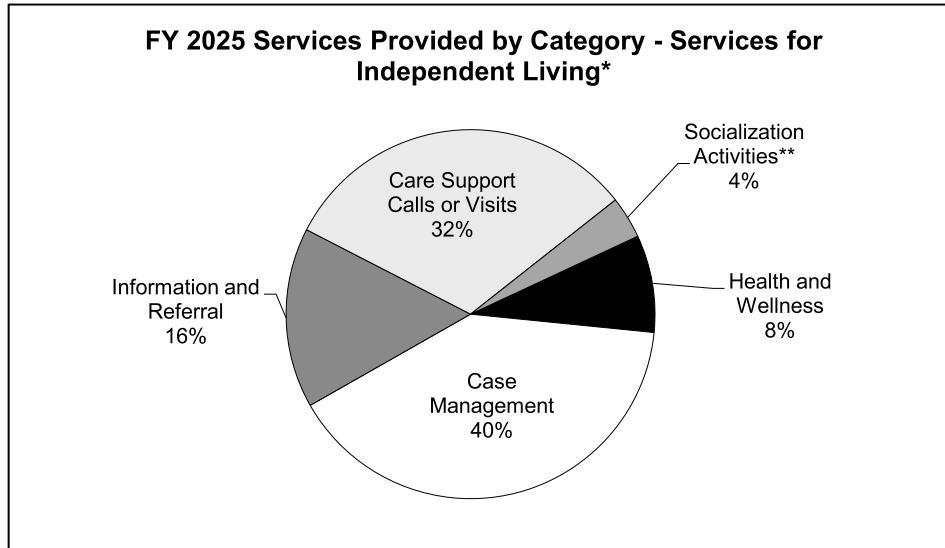
Health and Senior Services

AB Section(s): 10.935

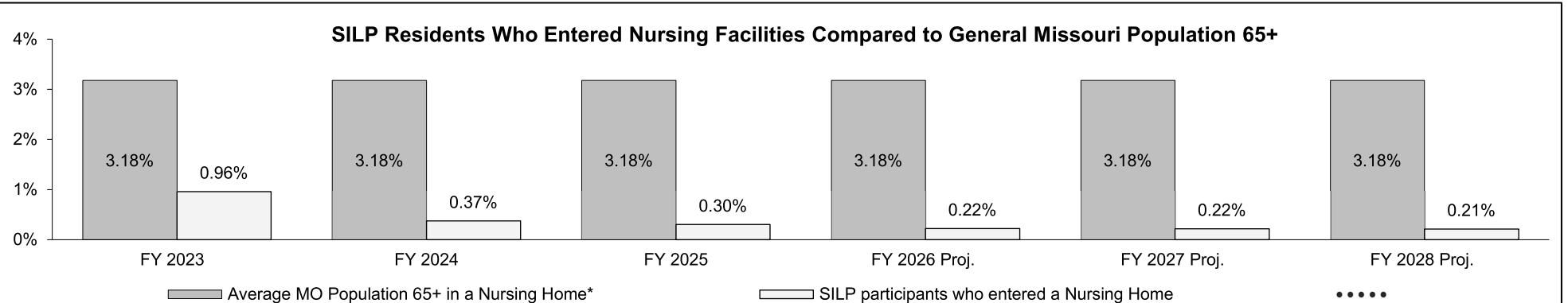
Senior Independent Living Program (SILP)

Program is found in the following core budget(s): Senior Independent Living Program (SILP)

2b. Provide a measure(s) of the program's quality (continued).



2c. Provide a measure(s) of the program's impact.



Participants in the program are provided supportive services to keep them in the environment of their choice, which is substantially less than the cost of a nursing facility. Participants in the program are able to remain in their homes at a significantly higher rate than the general population.

*This data comes from the Census Bureau's 2023 American Community Survey, Chart B26101 - Group Quarters Type (3 Types) by Sex and Age, which can be found at <https://data.census.gov/table/ACSDT5Y2023.B26101?q=B26101&g=040XX00US29>.

PROGRAM DESCRIPTION

Health and Senior Services

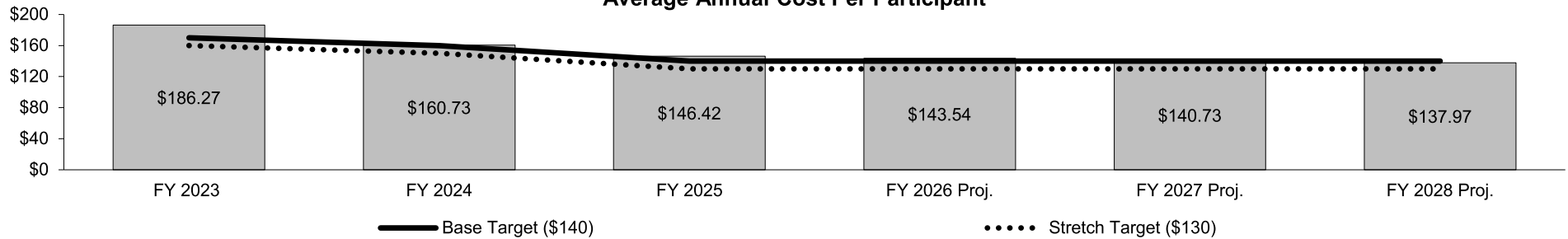
AB Section(s): 10.935

Senior Independent Living Program (SILP)

Program is found in the following core budget(s): Senior Independent Living Program (SILP)

2d. Provide a measure(s) of the program's efficiency.

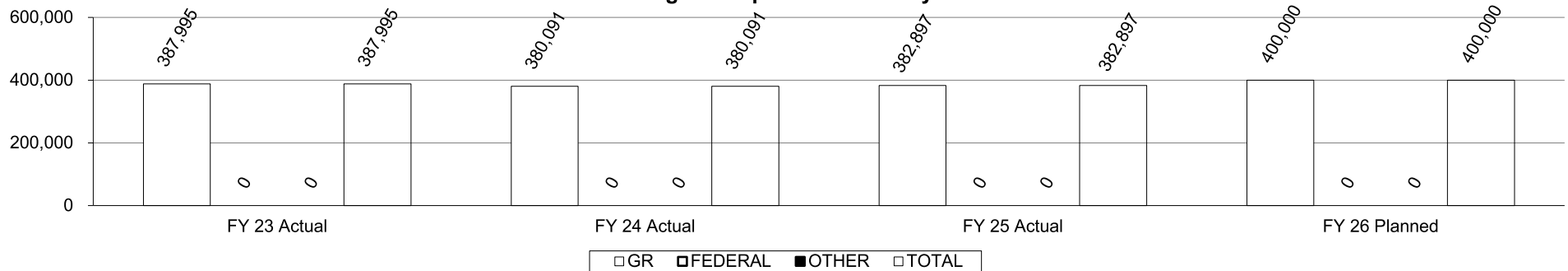
Average Annual Cost Per Participant



The program provides services to participants at a cost much less than the average nursing facility cost while helping to keep participants in their home. The average nursing facility cost per participant per year is \$63,145.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History



4. What are the sources of the "Other " funds?

Not applicable.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Not applicable.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.940

Naturalization Assistance

Program is found in the following core budget(s): Naturalization Assistance

1a. What strategic priority does this program address?

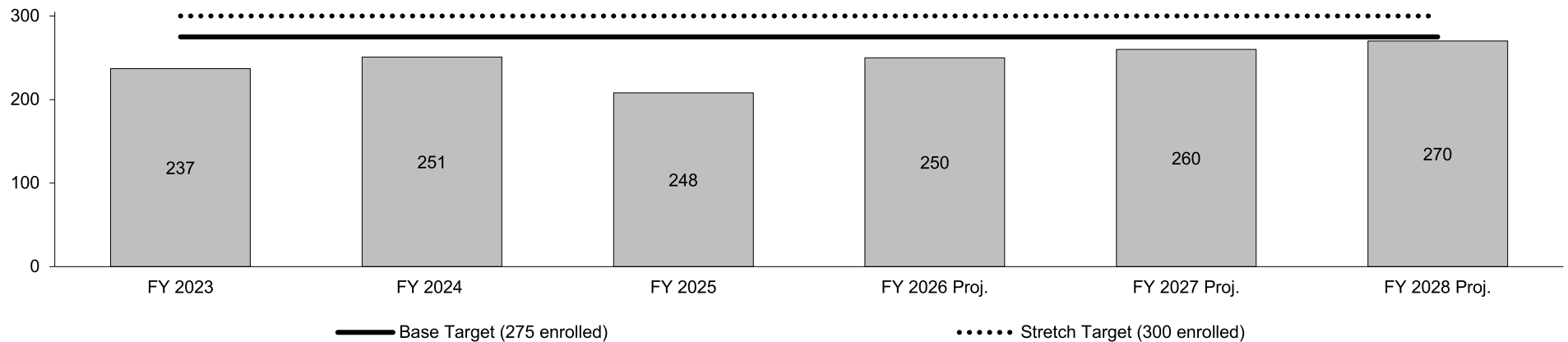
Expand Access to Services.

1b. What does this program do?

This program is currently delivered through a contract with Monarch Immigrant Services to assist frail older adult immigrants and refugees throughout Missouri with the completion of the naturalization process. To be eligible, individuals must have lawfully resided in Missouri for at least five years and be unable to complete the standard naturalization process due to health barriers. Becoming a citizen allows these individuals to obtain federal benefits for which they would not otherwise qualify. These federal benefits relieve the financial obligation to state resources such as Medicaid.

2a. Provide an activity measure(s) for the program.

Participants Enrolled in the Program



PROGRAM DESCRIPTION

Health and Senior Services

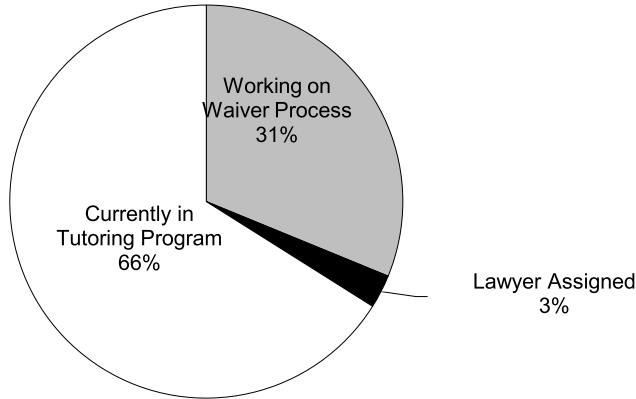
AB Section(s): 10.940

Naturalization Assistance

Program is found in the following core budget(s): Naturalization Assistance

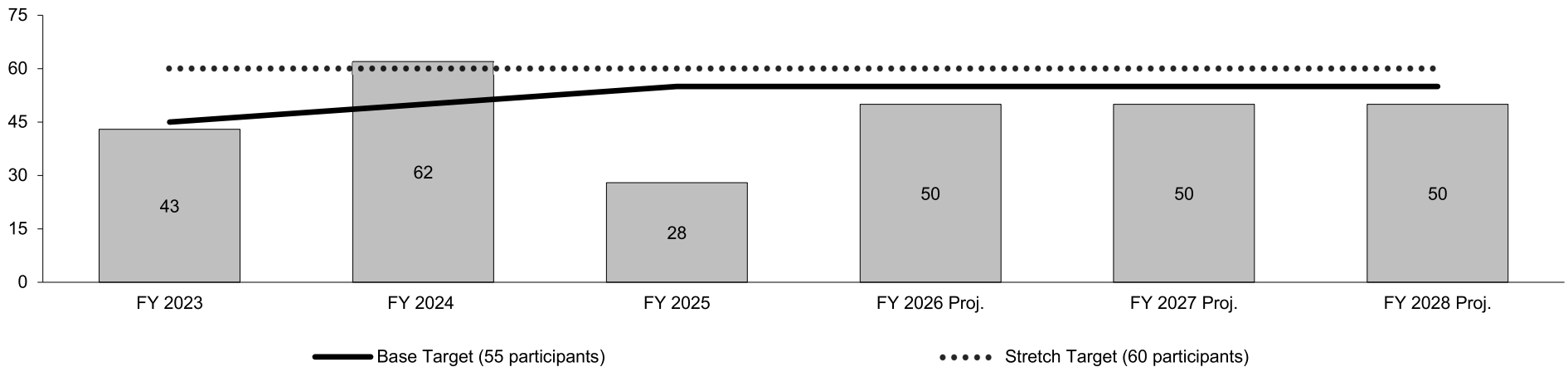
2b. Provide a measure(s) of the program's quality.

FY 2025 PARTICIPANTS' PROGRESS TOWARDS NATURALIZATION



The goal of the Naturalization Program is to help individuals attain United States citizenship. The average length of time a participant stays in the program is nine months, but due to the complexity of some cases, individuals could be in the program for more than one year. While in the program, participants are evaluated to determine if they will have the ability to take the citizenship test in English. If the participant is cognitively capable, they are enrolled in the tutoring track, where they improve their English and work on the skills needed to pass the citizenship test in English. If they are not able to learn English due to cognitive challenges, they are assisted in applying for a waiver which allows them to take the citizenship test in their native language. In rare cases, a person's health or reduced cognitive ability may be such that they are not able to take the citizenship test at all. In these cases, an attorney is hired to assist them in becoming naturalized. Participants can be moved from the tutoring track to waiver or attorney assistance if their needs change due to declining health or cognitive status.

Participants Achieving Citizenship



FY 2024 included the completion of citizenship backlog that had occurred with the United States Citizen and Immigration Services during the pandemic. FY 2025 returned to the normal rate.

PROGRAM DESCRIPTION

Health and Senior Services

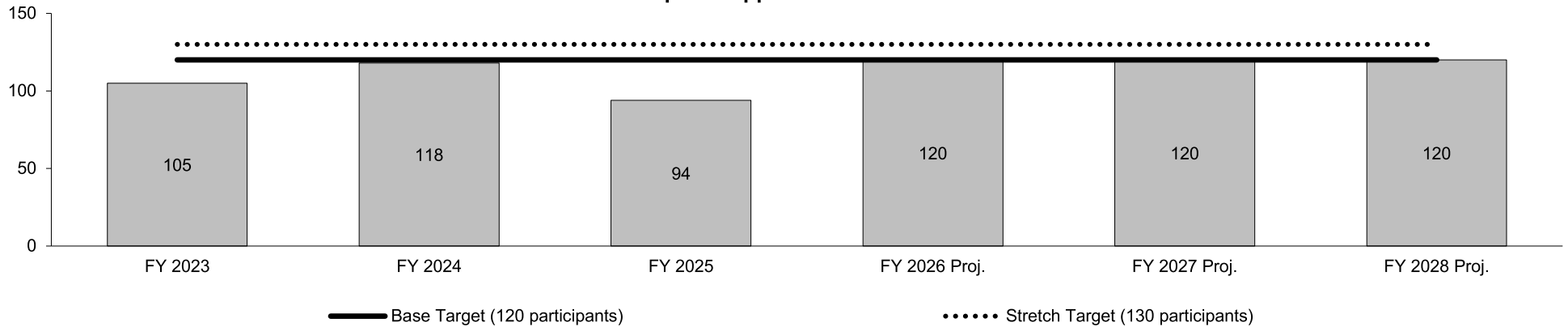
AB Section(s): 10.940

Naturalization Assistance

Program is found in the following core budget(s): Naturalization Assistance

2c. Provide a measure(s) of the program's impact.

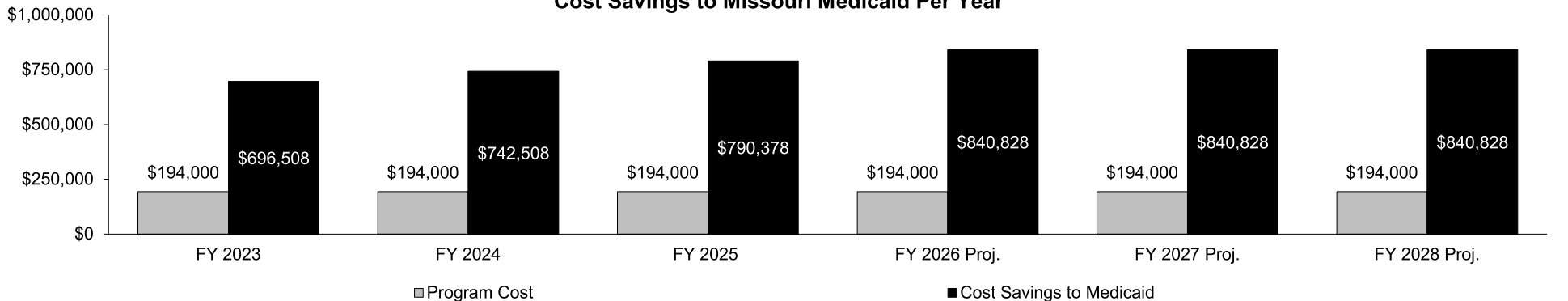
Participants Approved for Medicare



The inability to attend or participate in citizenship classes and attain citizenship resulted in refugees and legal immigrants being unable to access federal benefits, including Medicare. Lack of SSI and Medicare results in heavy dependence on state resources such as MO HealthNet (Medicaid) as the only source of coverage. This program assists eligible participants in applying for Medicare, reducing the reliance on Missouri's resources.

2d. Provide a measure(s) of the program's efficiency.

Cost Savings to Missouri Medicaid Per Year



Once an individual receives Medicare, Medicare becomes the primary pay source relieving the state's Medicaid cost burden. The chart above represents the estimated annual cost savings to Missouri once an individual is approved for Medicare and Medicaid becomes the secondary payer. This cost savings would continue for each year the individual is a resident of Missouri.

PROGRAM DESCRIPTION

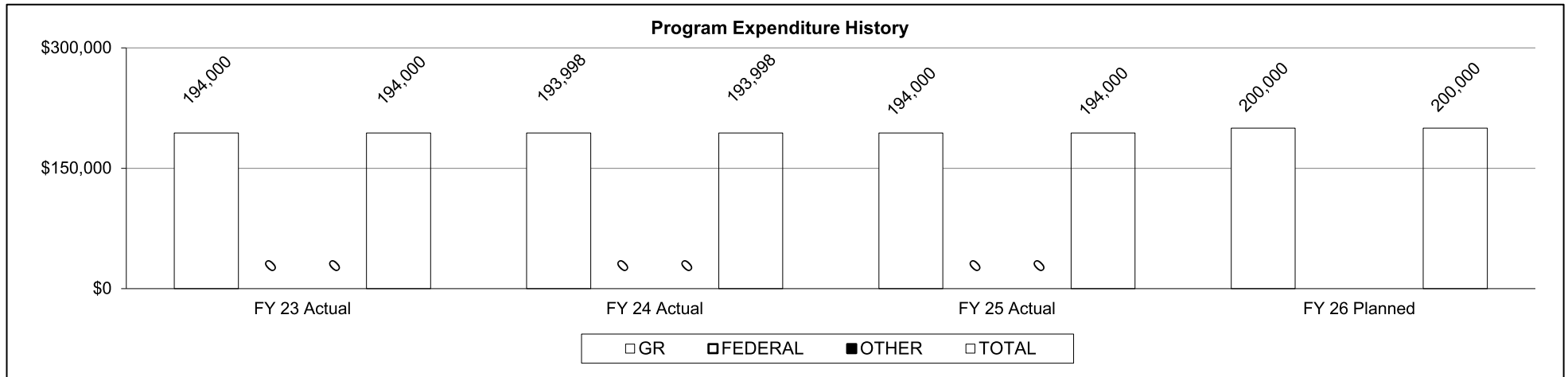
Health and Senior Services

AB Section(s): 10.940

Naturalization Assistance

Program is found in the following core budget(s): Naturalization Assistance

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Not applicable.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Not applicable.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.1000</u>
Regulation and Licensure Program and Operations	
Program is found in the following core budget(s): Regulation and Licensure Program and Operations	
1a. What strategic priority does this program address? Invest in innovation to modernize infrastructure. 1b. What does this program do? The Division of Regulation and Licensure (DRL) coordinates the health care regulation and licensing programs within the Department. The Division houses the Section for Long Term Care Regulation (SLCR); Section for Health Standards and Licensure (HSL), which includes the bureaus of Home Care and Rehabilitative Standards (HCRS), Diagnostic Services (BDS), Hospital Standards (BHS), and Ambulatory Care (BAC); Family Care Safety Registry (FCSR); the Section for Regulatory Standards and Registration (SRSR), which includes the Bureau of Narcotics and Dangerous Drugs (BNDD), Board of Nursing Home Administrators (BNHA); Certificate of Need (CON), and Supplemental Health Care Services Agency (SHCSA) Regulation; the Bureau of Emergency Medical Services (EMS); and the Time Critical Diagnosis (TCD) program. The programs within the DRL provide the following services/functions: • SLCR - conducts annual inspections, along with complaint investigations as received, in long term care facilities, intermediate care facilities for individuals with intellectual disabilities, and adult day care centers to ensure state and/or federal health and safety requirements are met. The Section also administers the certified nurse assistant, certified medication technician, and level one medication aide programs and reviews pre-admission documents to ensure Medicaid level of care requirements are met. • HSL - conducts inspections and investigates allegations of noncompliance within hospitals, Home Health Agencies, Hospice Agencies, Outpatient Physical Therapy (OPT) Facilities, Comprehensive Outpatient Rehabilitative Facilities (CORF), Ambulatory Surgical Centers (ASC), End Stage Renal Dialysis (ESRD) Facilities, Clinical Laboratory Improvement Amendments (CLIA) Labs, Rural Health Clinics, mammography equipment, and radiology equipment in order to ensure compliance with state and federal regulations, while providing quality care and protecting/promoting the rights of the patients receiving care. • FCSR - provides no cost background screenings to assist employers and families with determining if a potential caregiver represents a risk to vulnerable person(s) in care. The results of the screenings enable employers or families to rule out those who may represent risk. Caregivers for children, seniors, and disabled persons are required to register within fifteen days of hire. FCSR collects a one-time registration fee that is deposited in the Criminal Record System Fund administered by the Department of Public Safety. • SRSR - through BNDD, the section maintains a registry of all entities and individuals that conduct activities with controlled substances; manages the statewide pseudoephedrine tracking database; issues waivers from mandatory electronic prescribing laws; identifies diversion or misuse of controlled substances; and administers the Prescription Monitoring Program. BNHA evaluates applicant's qualifications for licensure, issues licenses, and renews licenses of qualified licensees; promulgates regulations that establish qualifications for licensure, testing standards, and license renewal requirements of licensed administrators in a skilled, intermediate care, assisted living, or residential care facility that follows the residential care facility II regulations; and conducts hearings affording due process of law, upon charges calling for discipline of a licensee. CON reviews proposals for new and additional long-term care beds, major medical equipment, and new hospitals, which are then approved by the Missouri Health Facilities Review Committee. CON also collects long-term care occupancy data quarterly. SHCSA annually reviews and approves registrations for health care staffing agencies that provide temporary health care personnel in a hospital and/or long-term care facility; collects quarterly detailed reports from each registered agency outlining average personnel charges to Medicare/Medicaid certified health care facilities and the agency's average pay to each personnel; and since October of 2024, conducts annual inspections and investigates complaints of each registered SHCSA.	

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.1000

Regulation and Licensure Program and Operations

Program is found in the following core budget(s): Regulation and Licensure Program and Operations

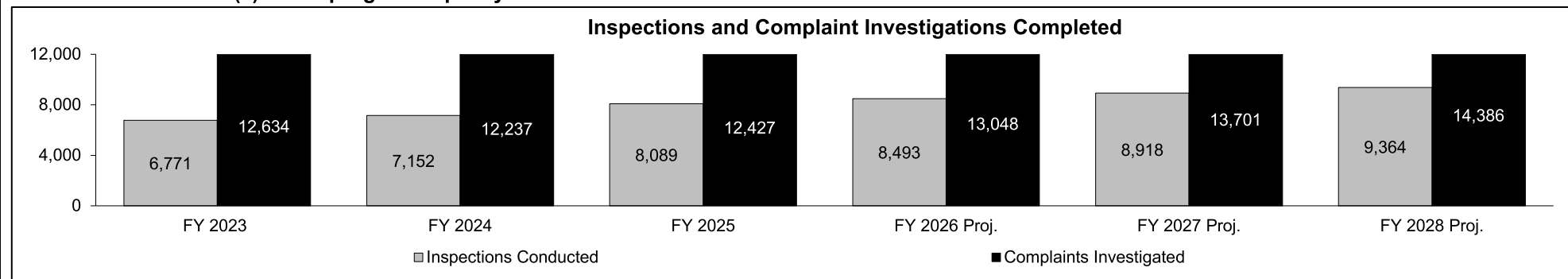
1b. What does this program do? (continued)

- The Bureau of EMS assures all levels of EMS related services personnel comply with minimum education, training, treatment, and operational standards; investigates complaints related to EMS personnel and practices; assures patient care reporting meets state and national data collection and integration standards; and provides grants to high need schools to promote cardiac emergency response plans.
- The Division also includes the TCD program, which has a separate appropriation.

2a. Provide an activity measure(s) for the program.

Services Provided by the Division of Regulation and Licensure in FY 2025			
SLCR Annual Inspections Conducted	981	SLCR Complaints Received and Investigated	11,686
BNDD Registrants	37,261	BNDD Registrant Investigations	3,259
EMS Personnel Initial Licensed	2,874	EMS Personnel Relicensed	2,705
EMS Services Initial Licensed	5	EMS Services Relicensed	64
HCRS Regulated Agencies	272	BDS Regulated Agencies	11,260
BAC Regulated Agencies	269	BHS Regulated Agencies	165
BHS Complaints Received	1,743	BHS Complaints Investigated	390
FCSR Background Requests Processed	608,290	FCSR Registrations Processed	99,490
BNHA Applications for Licensure	373	BNHA Initial Licensed	115
BNHA Administrator Exams	578	BNHA Relicensed	645
SHCSA Regulated Agencies	245	Known SHCSAs Not Registered with DHSS	7
SHCSA Registrations Not Issued due to Non-Compliance			11

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

Health and Senior Services

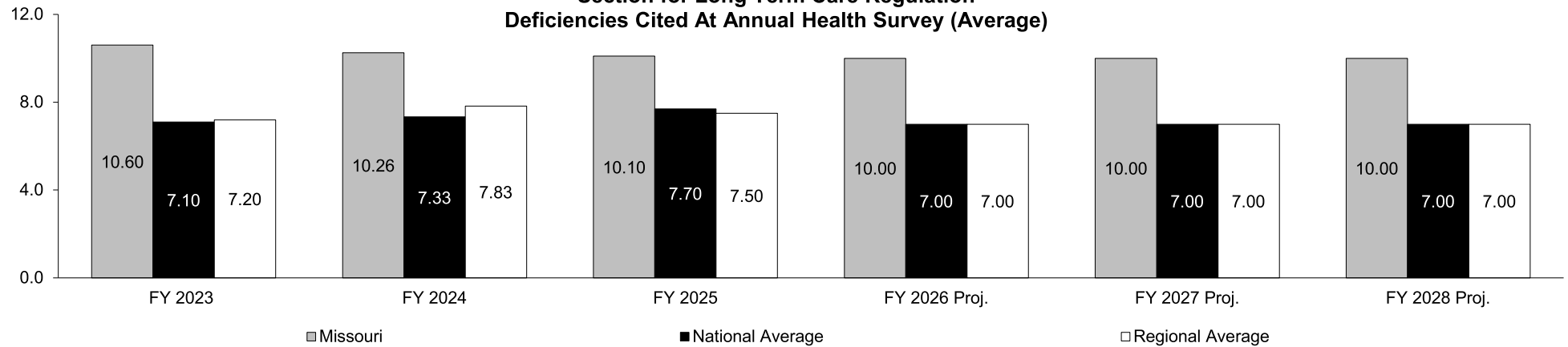
AB Section(s): 10.1000

Regulation and Licensure Program and Operations

Program is found in the following core budget(s): Regulation and Licensure Program and Operations

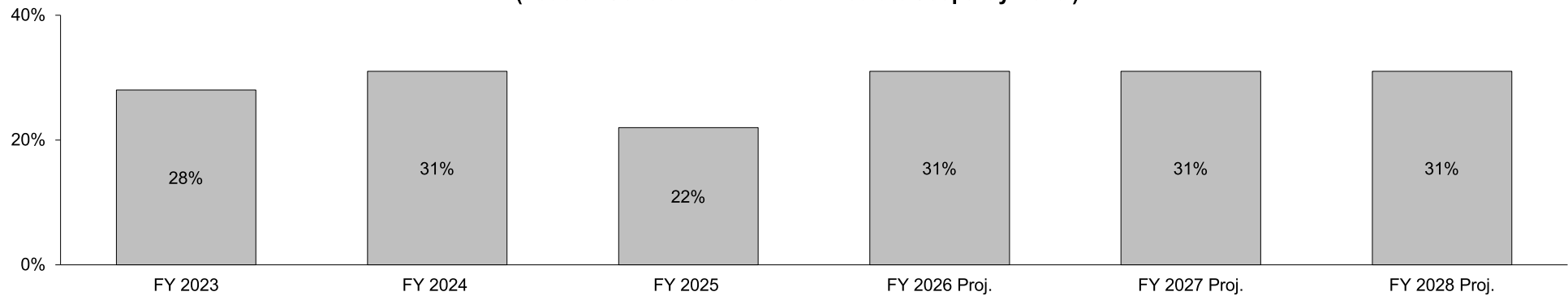
2c. Provide a measure(s) of the program's impact.

**Section for Long Term Care Regulation
Deficiencies Cited At Annual Health Survey (Average)**



Although deficiencies cited are evidence of effectiveness and impact, the Section for Long Term Care Regulation does not set targets or quotas.

**Hospitals Inspected with Significant Deficiencies
(Federal Condition Level or Immediate Jeopardy Level)**



Although deficiencies cited are evidence of effectiveness and impact, the Bureau of Hospital Standards does not set targets or quotas.

PROGRAM DESCRIPTION

Health and Senior Services

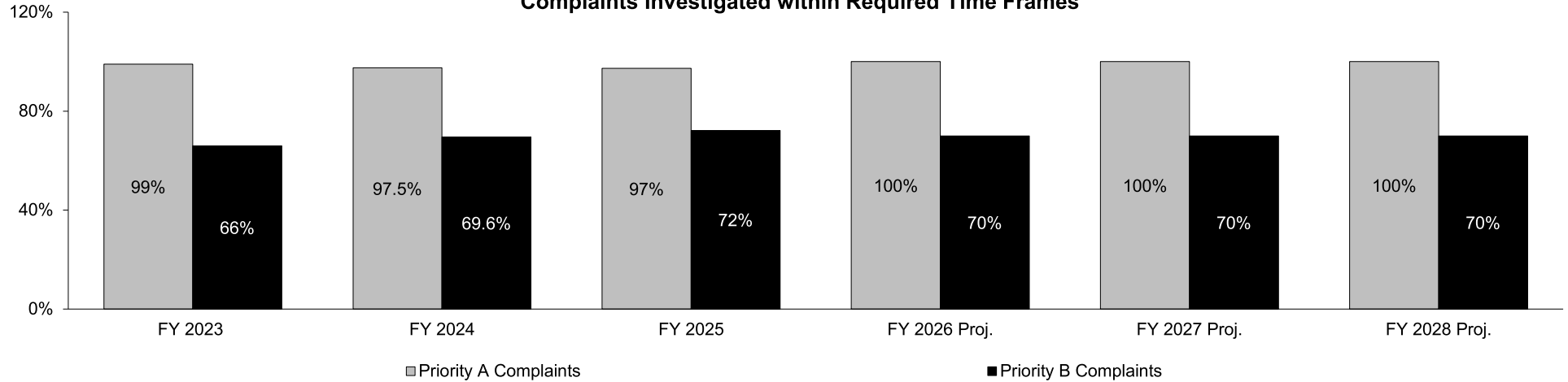
AB Section(s): 10.1000

Regulation and Licensure Program and Operations

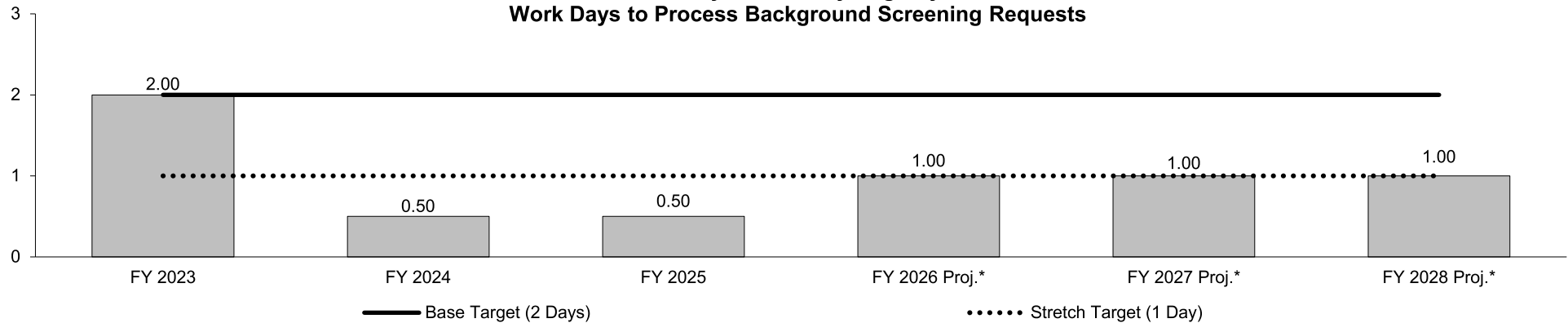
Program is found in the following core budget(s): Regulation and Licensure Program and Operations

2d. Provide a measure(s) of the program's efficiency.

Section for Long Term Care Regulation Complaints Investigated within Required Time Frames



Family Care Safety Registry Work Days to Process Background Screening Requests



*FCSR requests are projected to increase due to an expanded universe of individuals who must be screened due to the elimination of other screening options.

PROGRAM DESCRIPTION

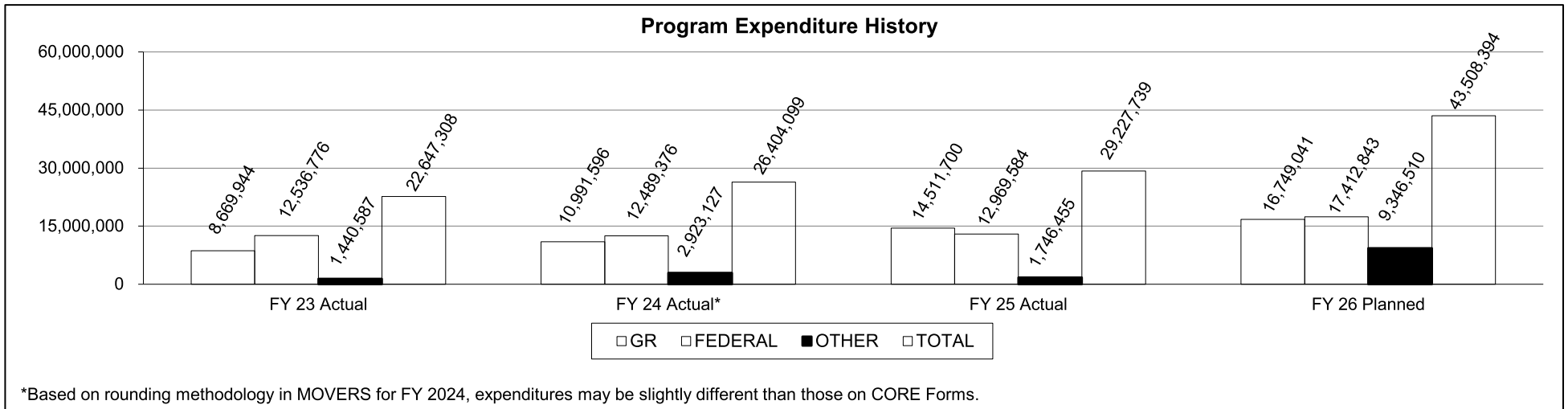
Health and Senior Services

AB Section(s): 10.1000

Regulation and Licensure Program and Operations

Program is found in the following core budget(s): Regulation and Licensure Program and Operations

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.1000</u>
Regulation and Licensure Program and Operations	
Program is found in the following core budget(s): Regulation and Licensure Program and Operations	
4. What are the sources of the "Other " funds? Nursing Facility Federal Reimbursement Allowance (1196); Nursing Facility Quality of Care (1271); Health Access Incentive (1276); Mammography (1293); Budget Stabilization Fund (1522); and Opioid Addiction Treatment and Recovery Fund (1705). 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Sections 198.003 to 198.186, 198.500 to 198.528, 198.532 to 198.545, 192.2000, 192.2490, 192.2495 to 192.2500, and 192.2200 to 192.2260, RSMo; Federal Statutory and Regulatory Citations: Sections 1819, 1864, 1902, and 1919 of the Social Security Act and 42 CFR 488.1 to 488.456, 42 CFR Part 483, 42 CFR Part 488 Subpart E, 42 CFR 483.400 (Chapter IV, Subpart 1), 42 CFR 483.150, 42 CFR Chapter IV, Part 456, Subpart F, and 42 CFR 483.20(m); Chapter 197, RSMo; Sections 1861, 1864, 1891, and 1902 of the Social Security Act; 42 CFR 484.1 to 484.260; 42 CFR 418.1 to 418.405; 42 CFR 485.701 to 485.729; and 42 CFR 485.50 to 485.74 Federal Statutory and Regulatory Citations: Section 1864 of the Social Security Act; Mammography Quality Standards Act and 21 CFR 900.1 to 900.25; 42 CFR 488.1 to 488.211; 42 CFR 416.1 to 42 CFR 416.52; Clinical Laboratory Improvement Act Amendments; 42 CFR 493.1 to 493.2001; 42 CFR 482.1 to 482.104; and 42 CFR 494.1 to 494.180; Sections 195.005 through 195.425, RSMo; Federal Statutory or Regulatory Citation: 21 USC 823 and 958 and 21 CFR 1301.14; Sections 190.185 and 190.241, RSMo (TCD program); Sections 197.010 to 197.120, RSMo (hospitals); Sections 197.285 to 197.297, RSMo (operation and management of hospitals); Sections 197.700 to 197.705, RSMo (medical staffing for licensed facilities); and Sections 197.150 to 197.165 and 197.293 to 197.294, RSMo (infection control). Federal Statutory and Regulatory Citations: Section 1864 of the Social Security Act and 42 CFR 482.1 to 482.104 (hospitals); Chapter 344, RSMo; Sections 210.900 to 210.936, RSMo; Sections 190.001 to 190.248, 190.255 and 190.525 to 190.621, RSMo.; Sections 198.640 to 198.648 RSMo (SHCSA) 6. Are there federal matching requirements? If yes, please explain. Yes, the Division is required to match Medicaid (Title XIX) funds; the state match ranges from 25 to 50 percent. 7. Is this a federally mandated program? If yes, please explain. Yes. The Section for Long-Term Care Regulation is mandated by the Social Security Act to certify and inspect all long-term care facilities qualified to participate in the Medicaid/Medicare programs. The hospital regulation program (BHS) is mandated, and Missouri operates under a federal agreement to perform the regulatory services required under this program. The federal government has guidelines as to the frequency of surveys performed by the Section for Health Standards and Licensure to assure compliance. Each provider type has different federal mandates for survey frequency. Complaint investigations are conducted as needed. BNHA is mandated by Social Security Act-Section 1819(d)(1)(C), (e)(4), and (f)(4); Section 1902(a)(29); Section 1908; and Section 1919(d)(1)(C), (e)(4), and (f)(4); 42 CFR 431.700-431.715.	

PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.1000

Time Critical Diagnosis

Program is found in the following core budget(s): Time Critical Diagnosis

1a. What strategic priority does this program address?

Invest in innovation to modernize infrastructure.

1b. What does this program do?

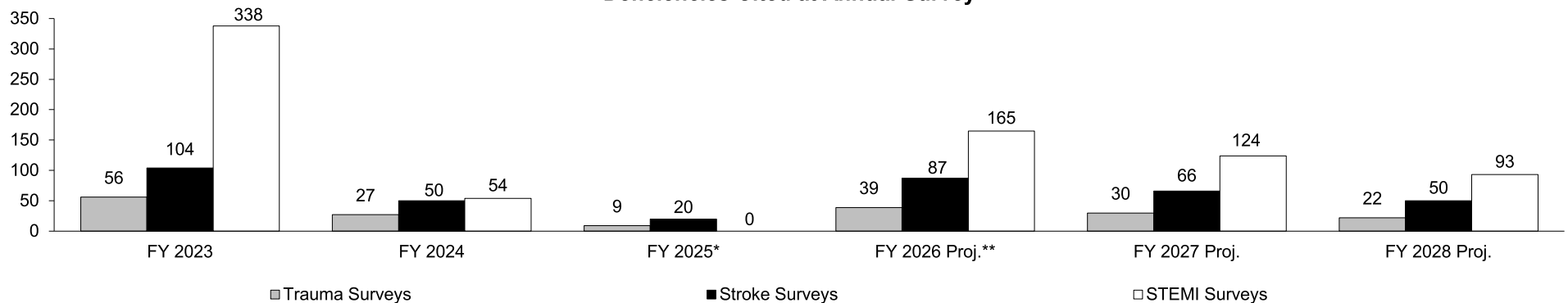
The Time Critical Diagnosis (TCD) program is a state-only volunteer program that designates hospitals, based on tier levels, as a Trauma, Stroke, or ST-segment elevation myocardial infarction (STEMI) center. The program seeks to ensure that critically ill patients suffering from trauma, stroke, and certain types of heart attack (STEMI) are transported to a hospital that has the capacity to treat them most effectively.

2a. Provide an activity measure(s) for the program.

Agencies Regulated by TCD			
Fiscal Year	Trauma	Stroke	STEMI
FY 2023	29	72	58
FY 2024	28	73	58
FY 2025	28	72	58
FY 2026 Proj.	29	75	63
FY 2027 Proj.	30	78	65
FY 2028 Proj.	30	78	65

2b. Provide a measure(s) of the program's quality.

Deficiencies Cited at Annual Survey



Although deficiencies cited are evidence of effectiveness and impact, the Time Critical Diagnosis Program does not set targets or quotas.

*Only one (1) STEMI survey completed in FY 2025.

**TCD anticipates a surge of workload in FY 2026 due to the three-year survey requirement.

PROGRAM DESCRIPTION

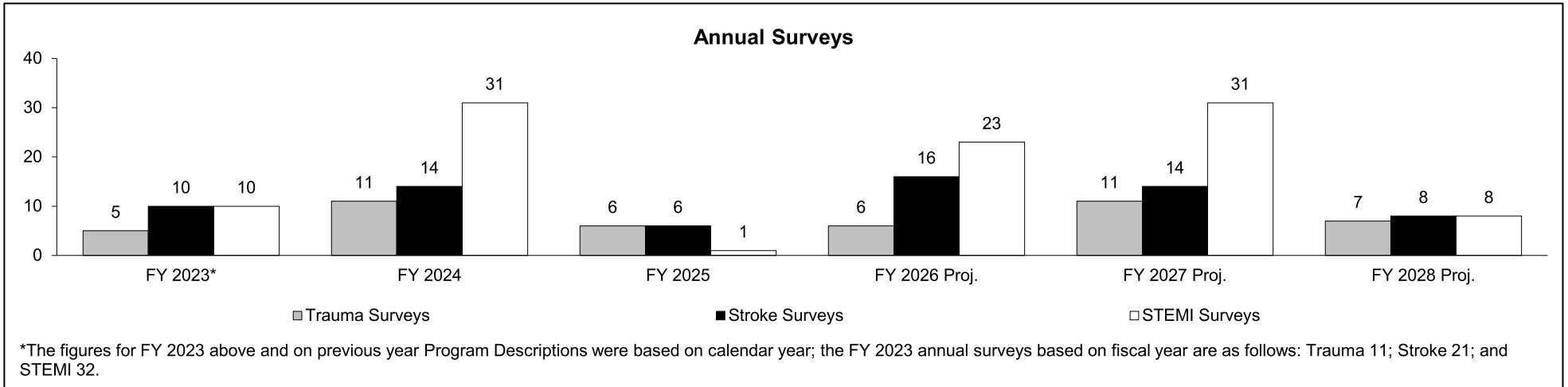
Health and Senior Services

AB Section(s): 10.1000

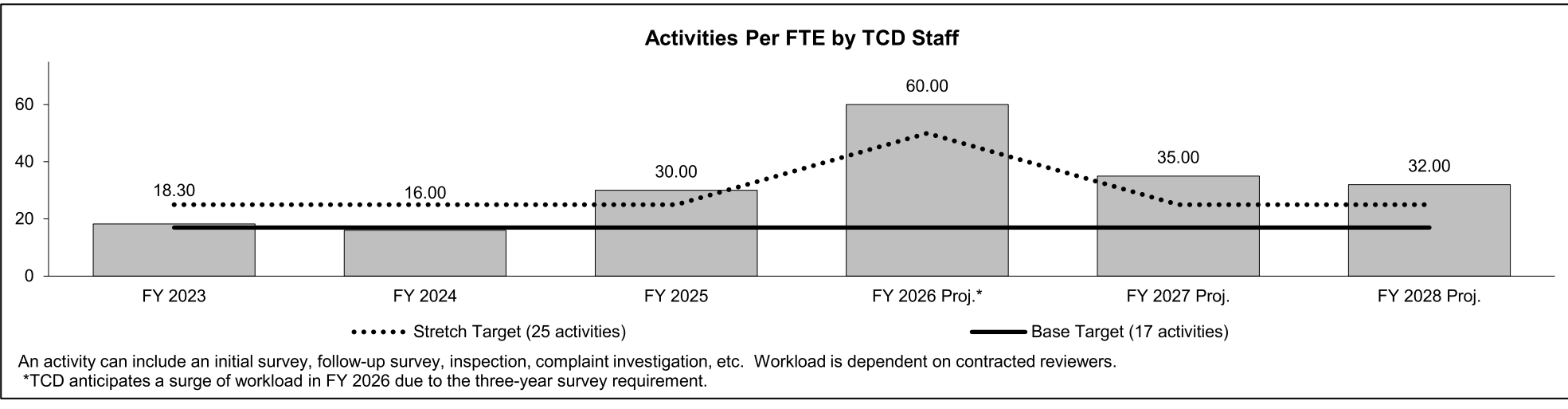
Time Critical Diagnosis

Program is found in the following core budget(s): Time Critical Diagnosis

2c. Provide a measure(s) of the program's impact.



2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

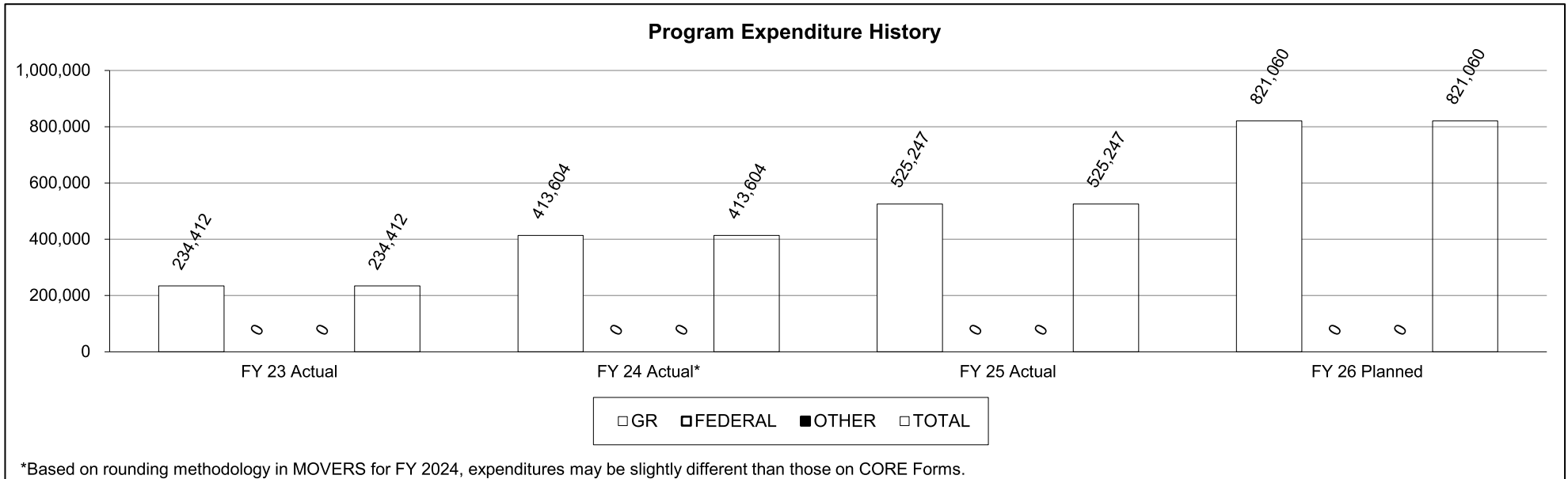
Health and Senior Services

AB Section(s): 10.1000

Time Critical Diagnosis

Program is found in the following core budget(s): Time Critical Diagnosis

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Not applicable.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 190.185 and 190.241, RSMo.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.1005</u>																												
Long Term Care Regulation QIPMO																													
Program is found in the following core budget(s): Long Term Care Regulation-QIPMO																													
1a. What strategic priority does this program address? Re-envision and strengthen the workforce. 1b. What does this program do? The Quality Improvement Program for Missouri (QIPMO) is a cooperative service of the Department of Health and Senior Services (DHSS) and the University of Missouri Sinclair School of Nursing. The service provides long-term care nursing facility staff with technical assistance and support separate from the DHSS survey process. The Sinclair School of Nursing utilizes gerontological nurse experts to work directly with long-term care nursing facility staff to help them learn best clinical practices, improve care delivery, and improve the outcomes for nursing home residents. Since its inception, a major focus is assisting staff to effectively apply the Resident Assessment Instrument (RAI) process to clinical care; then improve the quality of clinical care through monitoring process and outcomes with Quality Measures/Indicators (QM/QI) derived from the Nursing Home Minimum Data Set (MDS). An additional component of QIPMO is the Leadership Coaching for Nursing Home Administrators program. This program was created to assist nursing home administrators and key operational leaders in meeting the leadership challenges of the long-term care industry. The services offered focus on helping administrators deal effectively with the complex management issues faced each day in the business and personnel operations of long-term care facilities. QIPMO contacts include: Onsite and Offsite consultation and education related to antipsychotic use among long-term care nursing facilities, how to obtain and use federal Quality Measures (QM) and Certification and Survey Provider Enhanced Reports (CASPER) reports, sharing of best practices in all areas affecting clinical care to long-term care nursing facilities, assistance with correction of nursing and clinical issues identified by facilities and/or DHSS staff, and any other needs identified by the facility. Contacts may also include education and training related to life safety code, emergency preparedness, leadership skills, and any other need identified by the facility or DHSS. Contacts may be individual or in a group setting. Contacts may be performed by Registered Nurses or Leadership Coaches who are Licensed Nursing Home Administrators.																													
2a. Provide an activity measure(s) for the program. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">Services Provided by the QIPMO Program</th> </tr> <tr> <th style="text-align: center;">Service</th> <th style="text-align: center;">FY 2023</th> <th style="text-align: center;">FY 2024</th> <th style="text-align: center;">FY 2025</th> </tr> </thead> <tbody> <tr> <td>RAI/MDS Workshops</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Webinars*</td> <td style="text-align: center;">11</td> <td style="text-align: center;">12</td> <td style="text-align: center;">12</td> </tr> <tr> <td>MDS Support Group Meetings*</td> <td style="text-align: center;">25</td> <td style="text-align: center;">60</td> <td style="text-align: center;">45</td> </tr> <tr> <td>QIPMO Nurse Contacts*</td> <td style="text-align: center;">6,550</td> <td style="text-align: center;">4,862</td> <td style="text-align: center;">4,560</td> </tr> <tr> <td>QIPMO Leadership Coach Contacts*</td> <td style="text-align: center;">1,858</td> <td style="text-align: center;">1,952</td> <td style="text-align: center;">1,804</td> </tr> </tbody> </table> *The titles for services on prior year Program Descriptions were incorrect and have been reordered correctly above - the actual data did not change.		Services Provided by the QIPMO Program				Service	FY 2023	FY 2024	FY 2025	RAI/MDS Workshops	4	4	4	Webinars*	11	12	12	MDS Support Group Meetings*	25	60	45	QIPMO Nurse Contacts*	6,550	4,862	4,560	QIPMO Leadership Coach Contacts*	1,858	1,952	1,804
Services Provided by the QIPMO Program																													
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PROGRAM DESCRIPTION

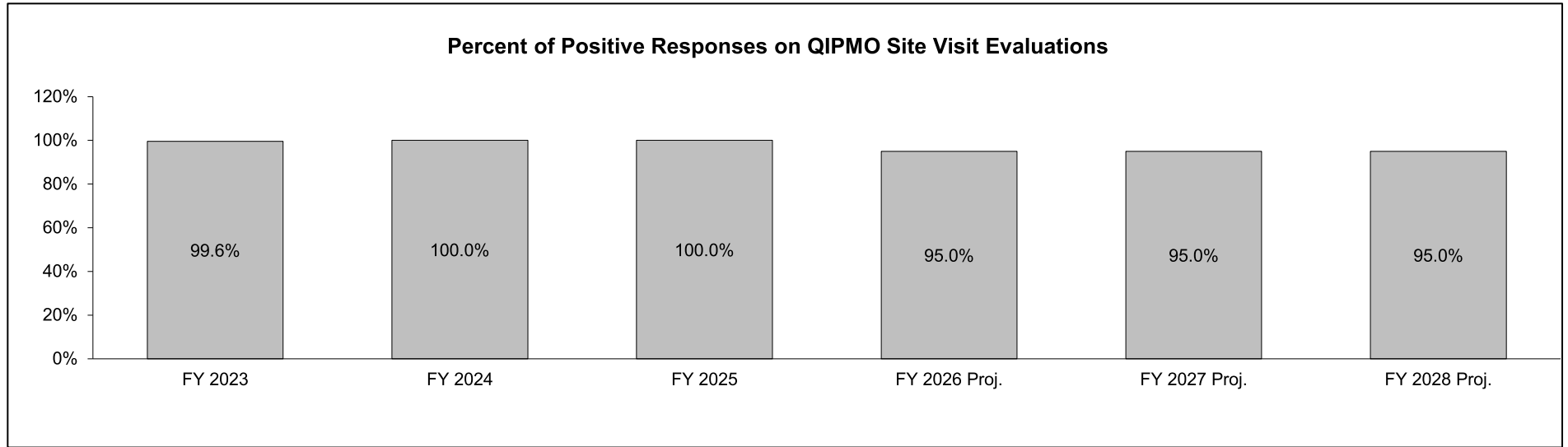
Health and Senior Services

AB Section(s): 10.1005

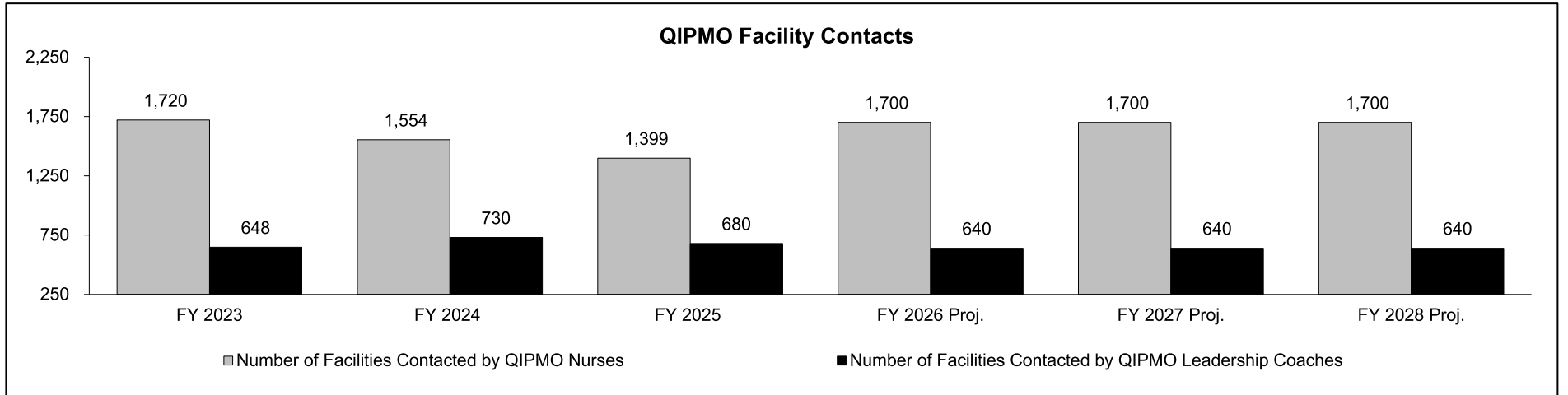
Long Term Care Regulation QIPMO

Program is found in the following core budget(s): Long Term Care Regulation-QIPMO

2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

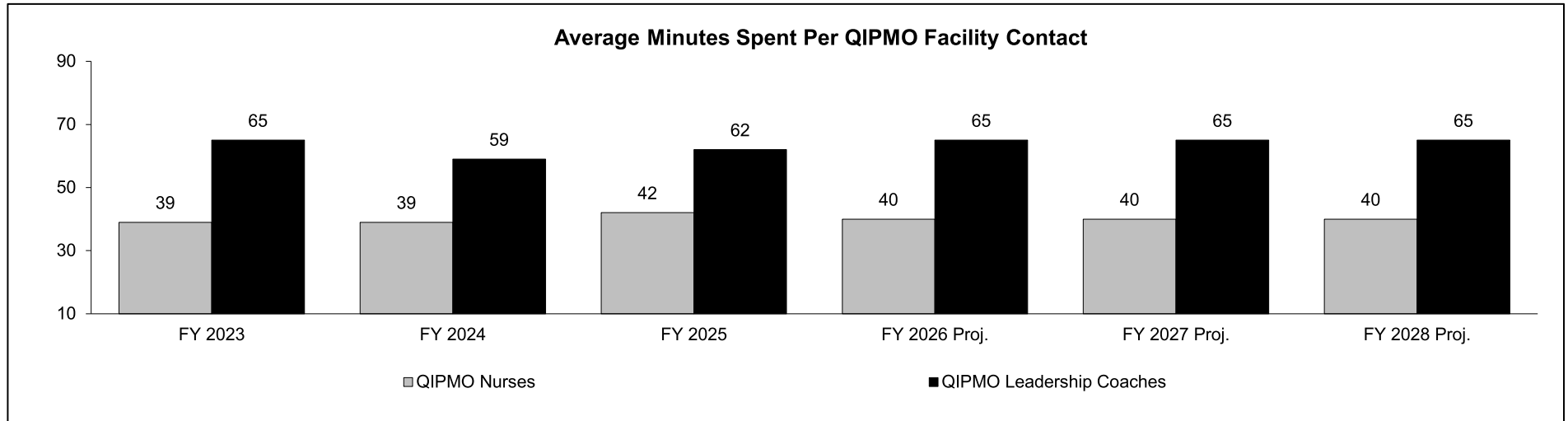
Health and Senior Services

AB Section(s): 10.1005

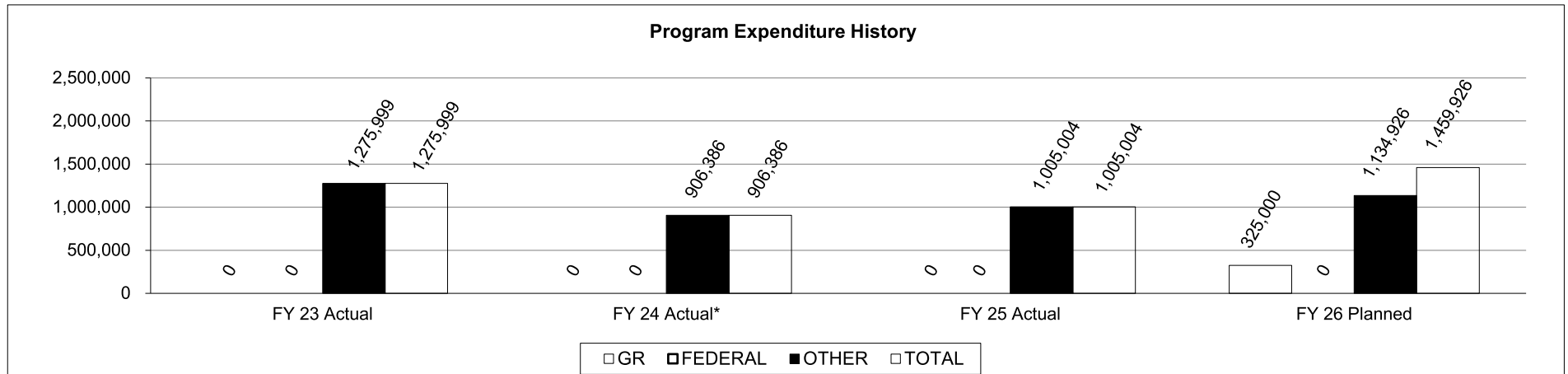
Long Term Care Regulation QIPMO

Program is found in the following core budget(s): Long Term Care Regulation-QIPMO

2d. Provide a measure(s) of the program's efficiency.



3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



*Based on rounding methodology in MOVERS for FY 2024, expenditures may be slightly different than those on CORE Forms.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.1005</u>
Long Term Care Regulation QIPMO	
Program is found in the following core budget(s): Long Term Care Regulation-QIPMO	
4. What are the sources of the "Other " funds? Nursing Facility Federal Reimbursement Allowance (1196).	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Section 198, RSMo.	
6. Are there federal matching requirements? If yes, please explain. No.	
7. Is this a federally mandated program? If yes, please explain. No.	

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.1010</u>												
Adult Use Cannabis													
Program is found in the following core budget(s): Adult Use Cannabis													
1a. What strategic priority does this program address? Invest in innovation to modernize infrastructure, Re-envision and strengthen the workforce, Build and strengthen partnerships 1b. What does this program do? The Division of Cannabis Regulation (DCR) exists to ensure qualifying patients and adult consumers over the age of 21 have safe and secure access to regulated cannabis through consistent regulation, enforcement, and education. Pursuant to the authorities provided to DCR in Article XIV, Section 2 and 19 CSR 100, DCR is responsible for regulating Missouri's legal adult use cannabis ecosystem, which includes: 1. Marijuana Licensees 2. Marijuana Products 3. Consumer Cultivation and Agency ID Cards 4. Testing and Research of Marijuana To achieve continuity of DCR's responsibilities, the Division contributes to controlling the commercial production and distribution of cannabis within a system that licenses and regulates industry businesses, products, and activities while ensuring Missouri's public health is protected. All revenues derived from the taxes and fees from the adult use marijuana program are deposited into the Veterans, Health, and Community Reinvestment Fund.													
2a. Provide an activity measure(s) for the program.													
Facility Inspections <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fiscal Year</th> <th>Facility Inspections</th> </tr> </thead> <tbody> <tr> <td>FY 2024</td> <td>365</td> </tr> <tr> <td>FY 2025</td> <td>2,081</td> </tr> <tr> <td>FY 2026 Proj.</td> <td>2,081</td> </tr> <tr> <td>FY 2027 Proj.</td> <td>2,081</td> </tr> <tr> <td>FY 2028 Proj.</td> <td>2,081</td> </tr> </tbody> </table> In FY 2023 and FY 2024 the addition of Adult Use marijuana caused emphasis on inspections for new location, new licenses, shared space, new space and change use. In FY 2025 and beyond, inspections will also include four inspections per facility per year, including microbusinesses.		Fiscal Year	Facility Inspections	FY 2024	365	FY 2025	2,081	FY 2026 Proj.	2,081	FY 2027 Proj.	2,081	FY 2028 Proj.	2,081
Fiscal Year	Facility Inspections												
FY 2024	365												
FY 2025	2,081												
FY 2026 Proj.	2,081												
FY 2027 Proj.	2,081												
FY 2028 Proj.	2,081												

PROGRAM DESCRIPTION

Health and Senior Services

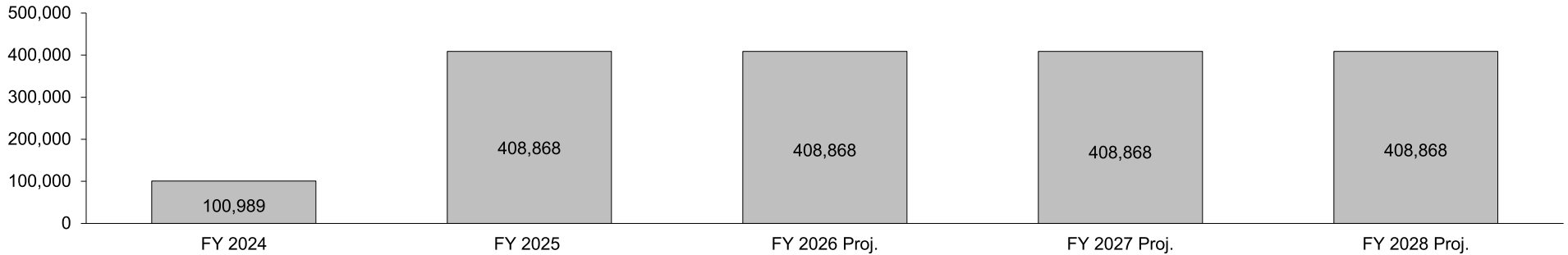
AB Section(s): 10.1010

Adult Use Cannabis

Program is found in the following core budget(s): Adult Use Cannabis

2a. Provide an activity measure(s) for the program. (cont.)

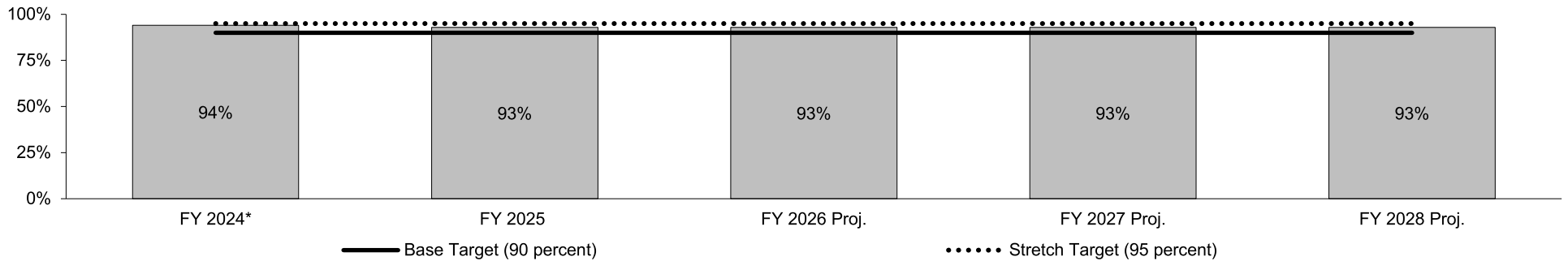
Applications/Renewals Received



Application types include cultivation, dispensary and manufacturing facilities along with testing lab, seed-to-sale, personal consumer cultivation, transportation facilities, business change request, variance requests and agent ID requests. FY 2024 and FY 2025 figures also include microbusiness applications.

2b. Provide a measure(s) of the program's quality.

Favorable Response of the Application Processing Time



*Of the 7,048 surveys received during FY 2024, 4.19 percent were microbusiness, 7.92 percent were personal cultivators, 5.90 percent agent ID, 0.16 percent were personal consumers and 0.16 percent were applications to convert from a medical license to a comprehensive license.

PROGRAM DESCRIPTION

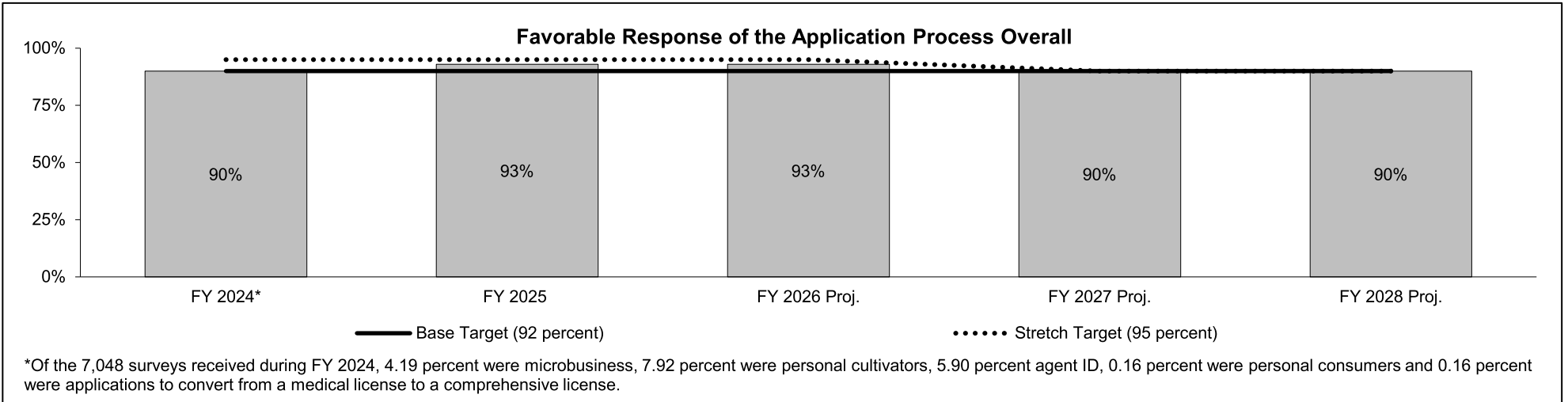
Health and Senior Services

AB Section(s): 10.1010

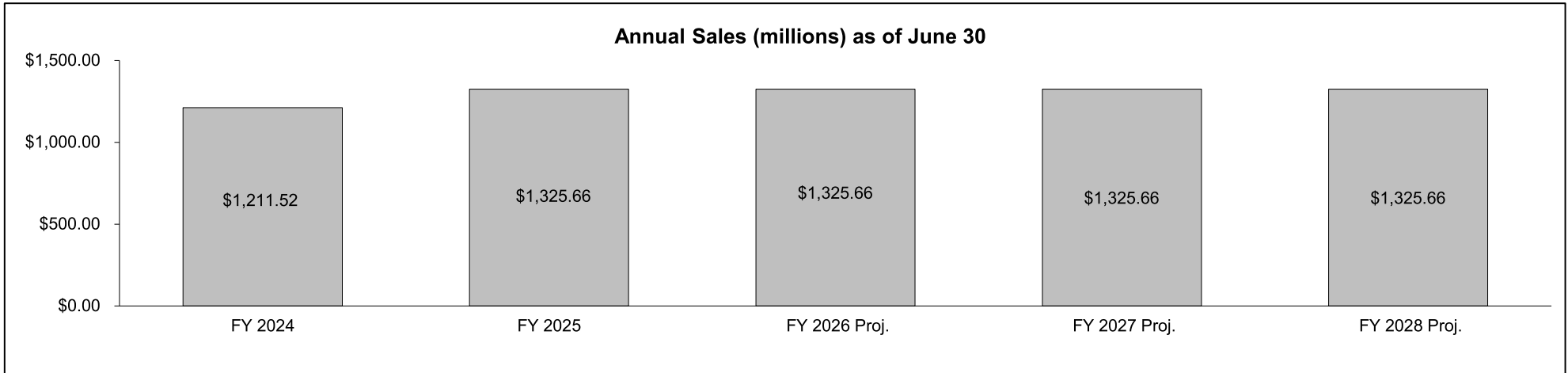
Adult Use Cannabis

Program is found in the following core budget(s): Adult Use Cannabis

2b. Provide a measure(s) of the program's quality. (cont.)



2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

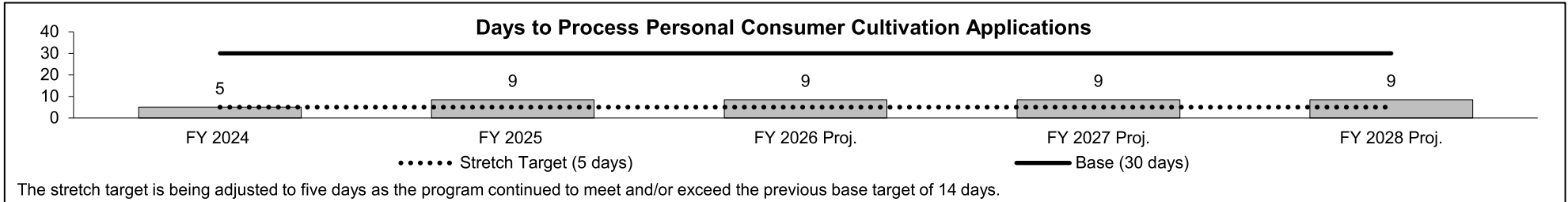
Health and Senior Services

AB Section(s): 10.1010

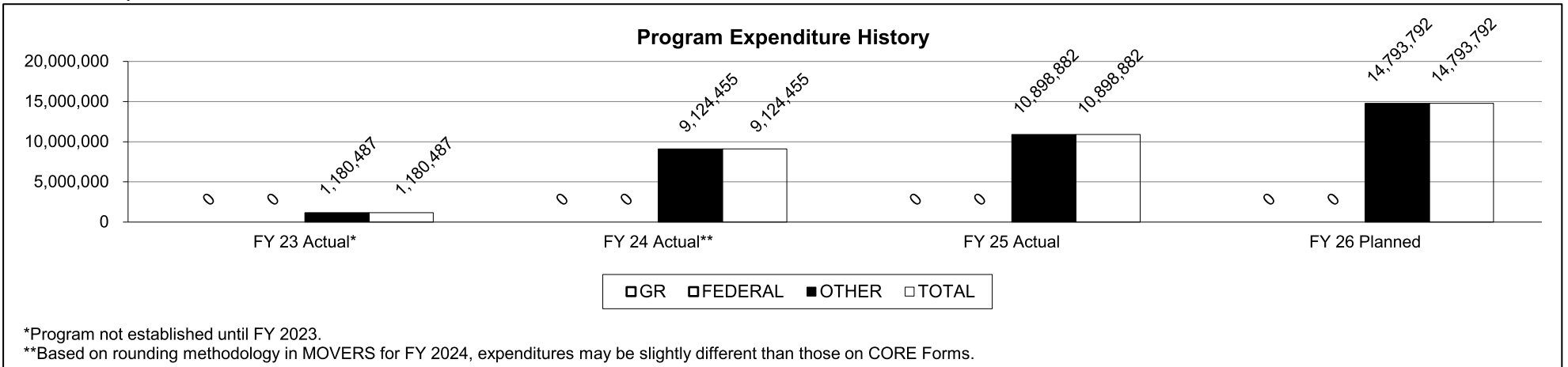
Adult Use Cannabis

Program is found in the following core budget(s): Adult Use Cannabis

2d. Provide a measure(s) of the program's efficiency.



3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Veterans, Health, Community & Reinvestment Fund (1608).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution and associated rules 19 CSR 100-1.010 to 19 CSR 100-1.190.

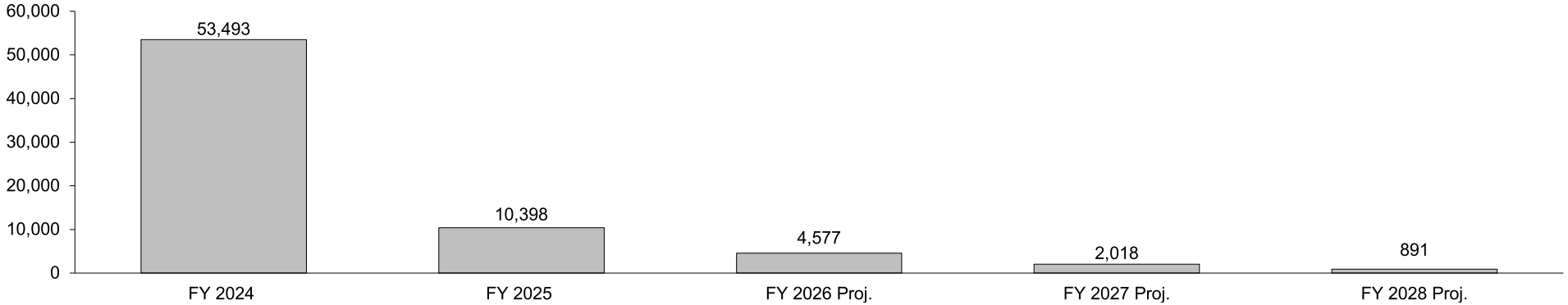
6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Health and Senior Services	AB Section(s): <u>10.1010</u>												
Medical Marijuana													
Program is found in the following core budget(s): Medical Cannabis													
1a. What strategic priority does this program address? Invest in innovation to modernize infrastructure, Re-evision and strengthen the workforce, Build and strengthen partnerships 1b. What does this program do? The Division of Cannabis Regulation (DCR) exists is to ensure qualifying patients and adult consumers over the age of 21 have safe and secure access to regulated cannabis through consistent regulation, enforcement, and education. Pursuant to the authorities provided to DCR in Article XIV, Section 1 and 19 CSR 100, DCR is responsible for regulating Missouri's legal medical marijuana ecosystem, which includes: 1. Medical Marijuana Facility Licensees 2. Medical Marijuana Products 3. Patient, Caregiver, Patient Cultivation, and Agent ID Cards 4. Testing and Reseach of Marijuana To achieve continuity of DCR's responsibilities, DCR accepts, processes, and issues patient and caregiver applications and medical marijuana facility licenses, which is succeeded by consistent and routine compliance and enforcement. All revenues derived from the taxes and fees from regulated medical marijuana are deposited into the Veterans' Health and Care Fund.													
2a. Provide an activity measure(s) for the program.													
Patient and Caregiver Applications Received  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Fiscal Year</th> <th>Applications Received</th> </tr> </thead> <tbody> <tr> <td>FY 2024</td> <td>53,493</td> </tr> <tr> <td>FY 2025</td> <td>10,398</td> </tr> <tr> <td>FY 2026 Proj.</td> <td>4,577</td> </tr> <tr> <td>FY 2027 Proj.</td> <td>2,018</td> </tr> <tr> <td>FY 2028 Proj.</td> <td>891</td> </tr> </tbody> </table> Patient and caregiver applications has shown a declining trend since Adult Use became effective on December 6, 2022.		Fiscal Year	Applications Received	FY 2024	53,493	FY 2025	10,398	FY 2026 Proj.	4,577	FY 2027 Proj.	2,018	FY 2028 Proj.	891
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PROGRAM DESCRIPTION

Health and Senior Services

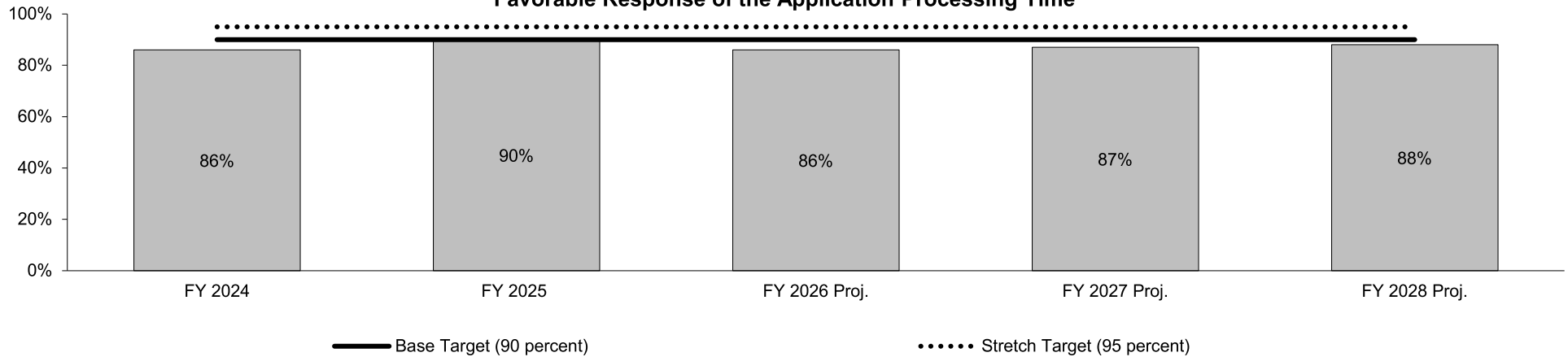
AB Section(s): 10.1010

Medical Marijuana

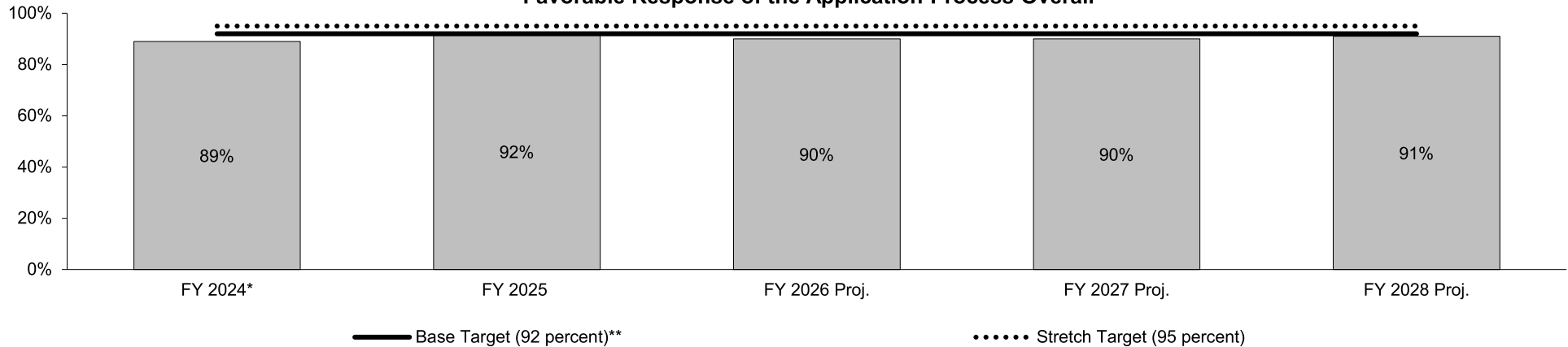
Program is found in the following core budget(s): Medical Cannabis

2b. Provide a measure(s) of the program's quality. Customer satisfaction survey of the application process.

Favorable Response of the Application Processing Time



Favorable Response of the Application Process Overall



*Of the 7,048 surveys received during FY 2024, 74.84 percent were patients, 5.12 percent were patient/caregivers, 1.55 percent were caregivers and 0.16 percent were physicians.

**The base target is being adjusted for FY 2023 to 92 percent as the program continued to meet and/or exceed the previous base target of 90 percent.

PROGRAM DESCRIPTION

Health and Senior Services

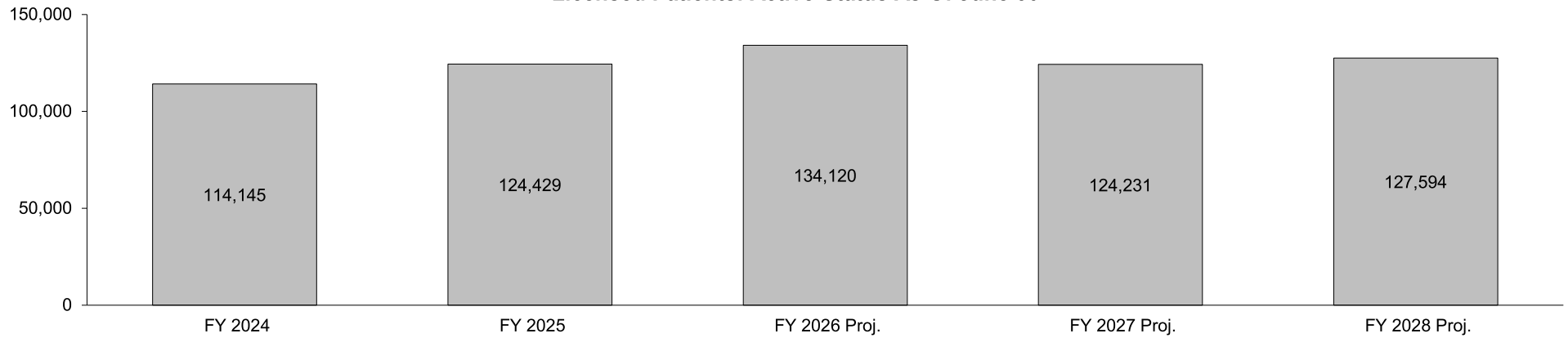
AB Section(s): 10.1010

Medical Marijuana

Program is found in the following core budget(s): Medical Cannabis

2c. Provide a measure(s) of the program's impact.

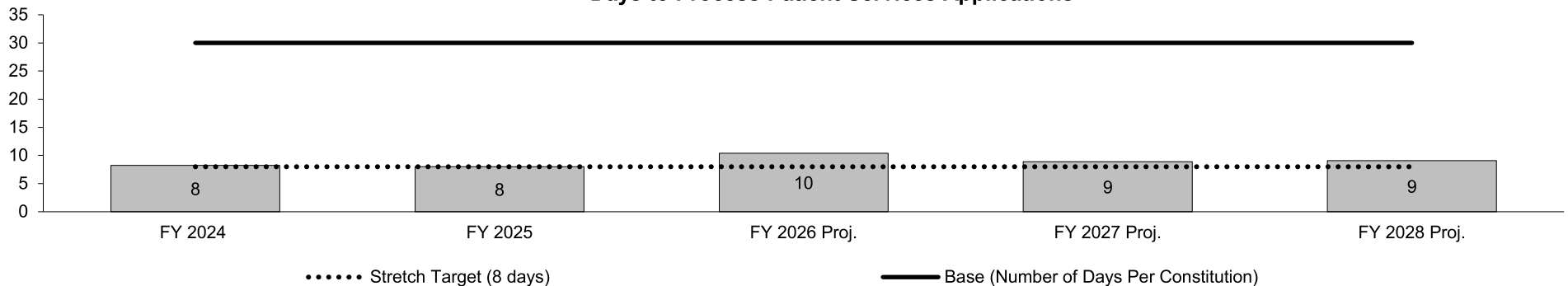
Licensed Patients: Active Status As Of June 30



*Patient licenses changed from a 1-year period license to a 3-year period license, effective December 8, 2022.

2d. Provide a measure(s) of the program's efficiency.

Days to Process Patient Services Applications



By rule, the program has 30 days to approve or deny a patient or caregiver application. This time frame applies to only complete applications. Applications, which are returned to the applicant, for correction and never resubmitted, are not included in this dataset.

PROGRAM DESCRIPTION

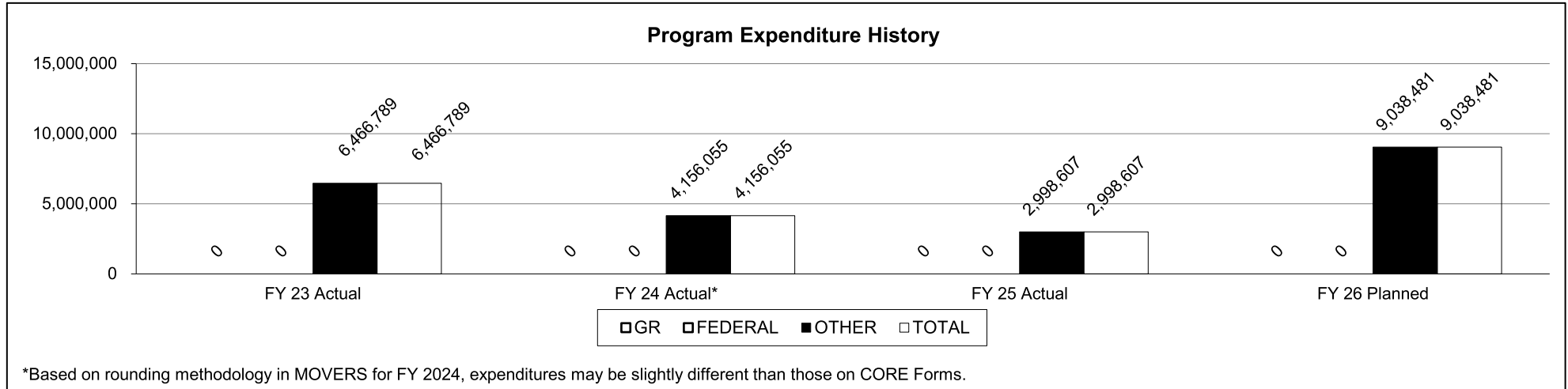
Health and Senior Services

AB Section(s): 10.1010

Medical Marijuana

Program is found in the following core budget(s): Medical Cannabis

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Missouri Veterans Health and Care (1606).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Article XIV of the Missouri Constitution and associated rules 19 CSR 100-1.010 to 19 CSR 100-1.190.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.